

SITE HEALTH AND SAFETY PLAN (HASP)

Office: DOH
Site Name: Multi-Service SA
Client: U.S. EPA Region V ERB
Work Location: 5307 Webster Street, Dayton, OH
WO#: 20405.012.001.1344.00

US EPA RECORDS CENTER REGION 5



415489

Prepared By:
Weston Solutions, Inc.
711 E. Monument Ave., #201
Dayton, OH 45402



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SITE HEALTH AND SAFETY PLAN (HASP)															
Review and Approval Documentation:															
Reviewed by: SO/DSM/CHS	<div style="display: flex; justify-content: space-between;"> Dave Robinson Signature </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name (Print) </div>	<div style="display: flex; justify-content: space-between;"> Date: </div>													
Other	<div style="display: flex; justify-content: space-between;"> Signature </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name (Print) </div>	<div style="display: flex; justify-content: space-between;"> Date: </div>													
Approved by: Project Manager	<div style="display: flex; justify-content: space-between;"> John Sherrard Signature </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name (Print) </div>	<div style="display: flex; justify-content: space-between;"> Date: 1/27/11 </div>													
Hazard Assessment and Equipment Selection:															
In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the FSO and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to CEHS Program Manual Section 5, Personal Protection Program, for guidance.)															
<input checked="" type="checkbox"/> FSO	<div style="display: flex; justify-content: space-between;"> John Sherrard Signature </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name </div>	<div style="display: flex; justify-content: space-between;"> Date: 27-Jan-11 </div>													
<input checked="" type="checkbox"/> Site Manager	<div style="display: flex; justify-content: space-between;"> John Sherrard Signature </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name </div>	<div style="display: flex; justify-content: space-between;"> Date: 1/27/11 </div>													
<input checked="" type="checkbox"/> Environmental Compliance Officer	<div style="display: flex; justify-content: space-between;"> Randy Kirkland Signature </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name </div>	<div style="display: flex; justify-content: space-between;"> Date: 1-27-11 </div>													
<input type="checkbox"/> Dangerous Goods Shipping Coordinator	<div style="display: flex; justify-content: space-between;"> Signature </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name </div>	<div style="display: flex; justify-content: space-between;"> Date: </div>													
Project start date: 27-January-2011	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> This site HASP must be reissued/reapproved for any activities conducted after: Date: 27-JAN-2012 </div> <div style="width: 55%;"> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 30%;">Amendment date(s)</th> <th style="width: 70%;">By:</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> </tbody> </table> </div> </div>			Amendment date(s)	By:	1.		2.		3.		4.		5.	
Amendment date(s)	By:														
1.															
2.															
3.															
4.															
5.															
End date: 30-MAR-2011															

SITE HEALTH AND SAFETY PLAN (HASP)

Prepared by:	W.O. Number: 20405.012.001.1344.00	Date: 1/26/11
Project Identification Office: DOH Site Name: Multi-Service SA Client: U.S. EPA Region V ERB Work Location Address: 1962 Radio Road Dayton, OH 45431		Site History: Multi-Service operated an industrial laundry operation at 1962 Radio Road since the mid 1990s until March 2010. Multi-Service laundered industrial work gloves, rags, ink towels and shop towels. The dry cleaning process used a solvent with a flash of 105 degrees F. The facility used Hoyt Petromizer solvent recovery machines and a carbon absorption unit on the solvent tank ventilation stacks to reduce air emissions of solvent vapors. The facility was inspected in December 2010 by the Dayton Fire Department (DFD). DFD requested assistance from USEPA in January 2011.

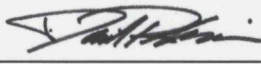
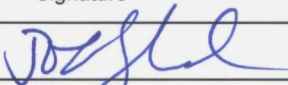
Scope of Work: START will conduct a site assessment of the facility to identify and sample waste chemical materials. .

☐ Site visit only; site HASP not necessary. List personnel here and sign off below:

Regulatory Status:

Site regulatory status: CERCLA/SARA <input checked="" type="checkbox"/> U.S. EPA <input checked="" type="checkbox"/> State <input type="checkbox"/> NPL Site <input checked="" type="checkbox"/> OSHA Hazard Communication (Req'd See Attachment D) <input checked="" type="checkbox"/> 1910 <input type="checkbox"/> 1926 <input type="checkbox"/> State	RCRA <input type="checkbox"/> U.S. EPA <input type="checkbox"/> State NRC <input type="checkbox"/> 10 CFR 20	Other Federal Agency <input type="checkbox"/> DOE <input type="checkbox"/> USACE <input type="checkbox"/> Air Force <input type="checkbox"/> _____	Safety Officer Manual (Required to be On-Site) Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan. <input type="checkbox"/> Stack Test <input type="checkbox"/> Air Emissions <input type="checkbox"/> Asbestos <input type="checkbox"/> Industrial Hygiene <input type="checkbox"/> _____
--	--	---	--

Review and Approval Documentation:

Reviewed by:	SO/DSM/CHS		Date:
	Dave Robinson		27-Jan-11
	Name (Print)	Signature	
Other			Date:
	Name (Print)	Signature	
Approved by:	John Sherrard		Date: 1/27/11
Project Manager	Name (Print)	Signature	

Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)

<input checked="" type="checkbox"/> FSO	John Sherrard		Date: 1/27/11
	Name	Signature	
<input checked="" type="checkbox"/> Site Manager	John Sherrard		Date: 1/27/11
	Name	Signature	
<input checked="" type="checkbox"/> Environmental Compliance Officer	Randy Kirkland		Date: 1-27-11
<input type="checkbox"/> Dangerous Goods Shipping Coordinator			Date:
	Name	Signature	

Project start date: 27-January-2011	This site HASP must be reissued/reapproved for any activities conducted after:	Amendment date(s)	By:
End date: 30-MAR-2011	Date: 27-JAN-2012	1. 2. 3.	

Vehicle Use Assessment and Selection

Driving is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type vehicle(s) authorized for use on this project is/are:

1. Rental vehicles / POV
- 2.
- 3.
- 4.

The following Project Team Member's qualifications and experience in driving these types of vehicles was evaluated and found to be acceptable (indicate vehicle type(s) number next to employee name).

1. John Sherrard
2. Randy Kirkland
3. Dave Robinson
4. David Sena
5. Tim Smith
- 6.
- 7.
- 8.
- 9.
- 10.

The project site was evaluated and a **Traffic Control Plan** ☐ is required ☒ is not required.

If required, the **Traffic Control Plan** can be found in Attachment H.

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ATTACHMENTS

ATTACHMENT A	Chemical Contaminants Data Sheets
ATTACHMENT B	Material Safety Data Sheets
ATTACHMENT C	Safety Procedures/Field Operating Procedures (FLD Ops)
ATTACHMENT D	Hazard Communication Program
ATTACHMENT E	Air Sampling Data Sheets
ATTACHMENT F	Incident Reporting
ATTACHMENT G	AHA Checklist and Environmental Compliance
ATTACHMENT H	Traffic Control Plan
ATTACHMENT I	Audit Forms
ATTACHMENT J	Environmental Health & Safety Inspection Checklist
ATTACHMENT K	Environmental Protection and Sustainability Program Impact Checklist

1. PERSONNEL ON SITE INFORMATION

1.1 WESTON REPRESENTATIVES

Organization/Branch	Name/Title	Address	Telephone
Dynamac	John Sherrard, Project Manager	4710A Interstate Drive Cincinnati, OH 45246	513-703-3092 (mobile) 513-860-9012 (office)
WESTON START / DOH	David Sena / Project Scientist	711 E. Monument Ave., #201 Dayton, OH 45402	937-531-4404 (office) 574-261-5413 (mobile)
WESTON START / DOH	Dave Robinson / Project Scientist	711 E. Monument Ave., #201 Dayton, OH 45402	937-531-4405 (office) 937-572-3630 (mobile)
WESTON START / DOH	Tim Smith / Project Scientist	711 E. Monument Ave., #201 Dayton, OH 45402	937-531-4406 (office) 937-367-7475 (mobile)
WESTON START / COH	Randy Kirkland / Project Scientist	4710A Interstate Drive Cincinnati, OH 45246	513-860-9012 (office) 937-602-3089 (mobile)

Roles and Responsibilities:

1.2 WESTON SUBCONTRACTORS

Organization/Branch	Name/Title	Address	Telephone
	Name: Title:	Street: City: State, Zip:	
	Name: Title:	Street: City: State, Zip:	

Roles and Responsibilities:

SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL

The Site Field Safety Officer (FSO) for activities to be conducted at this site is: John Sherrard

The FSO has total responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.

Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as FSOs are experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.

Qualifications:

40-hour HAZWOPER, 8-hour HAZWOPER refresher, BBP & Refreshers, CPR, first-aid, 8-hr SHSC

Designated alternates include: Randy Kirkland, Dave Robinson, Tim Smith

1.3 SITE PERSONNEL AND CERTIFICATION STATUS

1.3.1 Weston Employee Certification

Name: Randy Kirkland Title: Project Scientist Task(s): All Certification Level or Description: C-S, B-S <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: John Sherrard Title: Project Manager Task(s): All Certification Level or Description: B-S <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Dave Sena Title: Project Scientist Task(s): All Certification Level or Description: C-T <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Dave Robinson Title: Project Scientist Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Tim Smith Title: Project Scientist Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
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Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)

TRAINING CURRENT - Training: All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

FIT TEST CURRENT - Respirator Fit Testing: All persons, including visitors, entering any area requiring the use or potential use of any negative pressure respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, negative-pressure, air-purifying respirator for protection from asbestos or lead, employees must have had a qualitative fit test, administered according to OSHA 29 CFR 1910.1001 or 1025/1926, within the last 6 months.

MEDICAL CURRENT - Medical Monitoring Requirements: All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and to wear a respirator, if appropriate, in accordance with 29 CFR 1910, 29 CFR 1926/1910, or 29 CFR 1910.120.

The Site Field Safety Officer is responsible for verifying all certifications and fit tests.

SITE PERSONNEL AND CERTIFICATION STATUS

1.3.2 Subcontractor's Health and Safety Program Evaluation

Name of Subcontractor:

Address:

Activities To Be Conducted by Subcontractor:

Evaluation Criteria

Medical program meets OSHA/WESTON criteria

- ☐ Acceptable
☐ Unacceptable

Comments:

Personal protective equipment available

- ☐ Acceptable
☐ Unacceptable

Comments:

On-site monitoring equipment available, calibrated, and operated properly

- ☐ Acceptable
☐ Unacceptable

Comments:

Safe working procedures clearly specified

- ☐ Acceptable
☐ Unacceptable

Comments:

Training meets OSHA/WESTON criteria

- ☐ Acceptable
☐ Unacceptable

Comments:

Emergency procedures

- ☐ Acceptable
☐ Unacceptable

Comments:

Decontamination procedures

- ☐ Acceptable
☐ Unacceptable

Comments:

General health and safety program evaluation

- ☐ Acceptable
☐ Unacceptable

Comments:

Additional comments:

- ☒ Subcontractor has agreed to and will conform with the WESTON HASP for this project.

☐ Subcontractor will work under his own HASP, which has been accepted by project PM.

Evaluation Conducted by: Certifications for all subcontractors personnel will be added to the HASP prior to beginning work.

Date:

Subcontractor

Name:

Title:

Task(s):

Certification Level or Description:

- ☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

- ☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

- ☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

- ☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

2. HEALTH AND SAFETY EVALUATION

2.1 HEALTH AND SAFETY EVALUATION

2.1.1 Task Hazard Assessment

Background Review: ☒ Complete ☐ Partial If partial why?

Activities Covered Under This Plan:

No.	Task/Subtask	Description	Schedule
1	1	Recon building to identify sampling list	27-January-11
2	2	Sample small containers, tanks, and pits	27-January-11

Types of Hazards:

Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

Physiochemical 1 <input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> O ₂ Rich <input type="checkbox"/> O ₂ Deficient	Chemically Toxic 1 <input checked="" type="checkbox"/> Inhalation <input checked="" type="checkbox"/> Carcinogen <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Mutagen <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Teratogen <input type="checkbox"/> Absorption <input checked="" type="checkbox"/> OSHA 1910.1000 Substance (Air Contaminants) <input checked="" type="checkbox"/> OSHA Specific Hazard Substance Standard (Refer to following page for listing)	Radiation 3 Ionizing: <input type="checkbox"/> Internal exposure <input type="checkbox"/> External exposure Non-ionizing: <input checked="" type="checkbox"/> UV <input type="checkbox"/> IR <input type="checkbox"/> RF <input type="checkbox"/> MicroW <input type="checkbox"/> Laser	Biological 2 <input type="checkbox"/> Etiological Agent <input checked="" type="checkbox"/> Other (plant, insect, animal) Physical Hazards 4 <input type="checkbox"/> Construction Activities
--	---	---	---

Source/Location of Contaminants and Hazardous Substances:

Directly Related to Tasks <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Other Surface <input type="checkbox"/> Groundwater <input type="checkbox"/> Soil <input type="checkbox"/> Surface Water <input type="checkbox"/> Sanitary Wastewater <input checked="" type="checkbox"/> Process Wastewater <input checked="" type="checkbox"/> Other: Process materials	Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members: <input type="checkbox"/> Client Facility/WESTON Work Location <input type="checkbox"/> Nearby Non-Client Facility Describe: <input checked="" type="checkbox"/> Have activities (task[s]) been coordinated with facility? Comments: U.S. EPA OSC managed access agreements
---	--

HEALTH AND SAFETY EVALUATION

2.1.2 Chemical Hazards of Concern

☐ N/A

Chemical Contaminants of Concern

Provide the data requested for chemical contaminants on HASP Form 25 or attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, etc. List chemicals and concentrations below and locate data sheets in Attachment B of this HASP.

☐ N/A

Identify hazardous materials used or on-site and attach Material Safety Data Sheets (MSDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the MSDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the MSDSs here. List chemicals and quantities below and locate MSDSs in Attachment B of this HASP.

Chemical Name	Concentration in waste (mg/kg)	Chemical Name	Quantity
Toluene	792	Isobutylene calibration gas (100ppm in air)	14 L
Methylene Chloride	190	4-gas monitor calibration gas	14.L
PCE	67	Hydrogen cyanide calibration gas (10 ppm in N2)	37 L
Ethylbenzene	306		
Xylene	3400		
Isopropylbenzene	202		
n-Propylbenzene	924		
1,3,5-Trimethylbenzene	3480		
1,2,4-Trimethylbenzene	9670		
Naphthalene	227		

OSHA-SPECIFIC HAZARDOUS SUBSTANCES

<input type="checkbox"/> 1910.1001 Asbestos	<input type="checkbox"/> 1910.1002 Coal tar pitch volatiles	<input type="checkbox"/> 1910.1003 4-Nitrobiphenyl, etc.	<input type="checkbox"/> 1910.1004 alpha-Naphthylamine
<input type="checkbox"/> 1910.1005 [Reserved]	<input type="checkbox"/> 1910.1006 Methyl chloromethyl ether	<input type="checkbox"/> 1910.1007 3,3'-Dichlorobenzidine (and its salts)	<input type="checkbox"/> 1910.1008 bis-Chloromethyl ether
<input type="checkbox"/> 1910.1009 beta-Naphthylamine	<input type="checkbox"/> 1910.1010 Benzidine	<input type="checkbox"/> 1910.1011 4-Aminodiphenyl	<input type="checkbox"/> 1910.1012 Ethyleneimine
<input type="checkbox"/> 1910.1013 beta-Propiolactone	<input type="checkbox"/> 1910.1014 2-Acetylaminofluorene	<input type="checkbox"/> 1910.1015 4-Dimethylaminoazobenzene	<input type="checkbox"/> 1910.1016 N-Nitrosodimethylamine
<input type="checkbox"/> 1910.1017 Vinyl chloride	<input type="checkbox"/> 1910.1018 Inorganic arsenic	<input type="checkbox"/> 1910.1025 Lead (Att. FLD# 46)	<input type="checkbox"/> 1910.1026 Chromium VI (att. FLD 53)
<input type="checkbox"/> 1910.1027 Cadmium (Att. 50 FLD)	<input type="checkbox"/> 1910.1028 Benzene (Att. FLD# 54 or 61)	<input type="checkbox"/> 1910.1029 Coke oven emissions	<input type="checkbox"/> 1910.1043 Cotton dust
<input type="checkbox"/> 1910.1044 1,2-Dibromo-3-chloropropane	<input type="checkbox"/> 1910.1045 Acrylonitrile	<input type="checkbox"/> 1910.1047 Ethylene oxide	<input type="checkbox"/> 1910.1048 Formaldehyde
<input type="checkbox"/> 1910.1050 Methylenedianiline	<input type="checkbox"/> 1910.1051 1,3 Butadiene	<input checked="" type="checkbox"/> 1910.1052 Methylene chloride	<input type="checkbox"/> 1926.60 Methylenedianiline
<input type="checkbox"/> 1926.62 Lead	<input type="checkbox"/> 1926.1101 Asbestos (Att. FLD 52)	<input type="checkbox"/> 1926.1127 Cadmium	

HEALTH AND SAFETY EVALUATION

2.1.3 Biological Hazards of Concern

<input checked="" type="checkbox"/> Poisonous Plants (FLD 43-D) Location/Task No(s) All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Insects (FLD 43-B) Location/Task No(s) All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Snakes, Reptiles (FLD 43-A) Location/Task No(s) All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Animals (FLD 43-A) Location/Task No(s) All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No
FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP <input type="checkbox"/>	
<input type="checkbox"/> Sewage Location/Task No(s): Source: <input type="checkbox"/> Known <input type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No Tetanus Vaccination within Past 10 yrs: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Etiologic Agents (FLD -C)(List) Location/Task No(s): Source: <input type="checkbox"/> Known <input type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No
FLD 43-C — Mold and Fungus. Att. OP <input checked="" type="checkbox"/>	
FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP <input checked="" type="checkbox"/>	
FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP <input type="checkbox"/>	

HEALTH AND SAFETY EVALUATION

2.1.4 Radiation Hazards of Concern

NONIONIZING RADIATION

Task No.	Type of Nonionizing Radiation	Source On-Site	TLV/PEL	Wavelength Range	Control Measures	Monitoring Instrument
All	Ultraviolet	Solar			Appropriate clothing	None
	Infrared	N/A				
	Radio Frequency	N/A				
	Microwave	N/A				
	Laser	N/A				

IONIZING RADIATION

Task No.	Radionuclide	Major Radiations	Radioactive Half-Life (Years)	DAC ($\mu\text{Ci/mL}$)			Surface Contamination Limit	Monitoring Instrument
				D	W	Y		

HEALTH AND SAFETY EVALUATION

2.1.5 Physical Hazards of Concern

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Loud noise	Hearing loss/disruption of communication	<input checked="" type="checkbox"/>	Section 7.0 - ECH&S Program Manual Occupational Noise & HC Program
Inclement weather	Rain/humidity/cold/ice/snow/lightning	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	<input type="checkbox"/>	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	<input type="checkbox"/>	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	<input type="checkbox"/>	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	<input checked="" type="checkbox"/>	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Confined spaces	Falls/burns/drowning/engulfment/electrocution	<input type="checkbox"/>	FLD08 - Confined Space Entry
Industrial Trucks	Fork Lift Truck Safety	<input type="checkbox"/>	FLD09 - Powered Industrial Trucks
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	<input checked="" type="checkbox"/>	FLD10 - Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicle accidents/slips/trips/falls	<input checked="" type="checkbox"/>	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	<input checked="" type="checkbox"/>	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	<input type="checkbox"/>	FLD13 - Structural Integrity
Improper cylinder. handling	Mechanical injury/fire/explosion/suffocation	<input type="checkbox"/>	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	<input type="checkbox"/>	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	<input type="checkbox"/>	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	<input type="checkbox"/>	FLD19 - Working Over Water
Vehicle hazards	Struck by vehicle/collision	<input checked="" type="checkbox"/>	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	<input type="checkbox"/>	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD22 - Earth Moving Equipment
Moving mech. parts	Overhead hazards/electrocution	<input type="checkbox"/>	FLD23 - Cranes, Rigging, and Slings
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD24 - Aerial Lifts/Man lifts
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	<input checked="" type="checkbox"/>	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	<input type="checkbox"/>	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	<input type="checkbox"/>	FLD28 - Excavating/Trenching
Physiochemical	Explosions/fires from oxidizing, flam./corr. material	<input checked="" type="checkbox"/>	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	<input type="checkbox"/>	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	<input checked="" type="checkbox"/>	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	<input type="checkbox"/>	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD35 - Electrical Safety
Burns/fires	Heat stress/fires/burns	<input type="checkbox"/>	FLD36 - Welding/Cutting/Brazing/Radiography
Impact/thermal	Thermal burns/high pressure impaction/heat stress	<input type="checkbox"/>	FLD37 - Pressure Washers/Sand Blasting
Impaction/electrical	Smashing body parts/pinching/cuts/electrocution	<input checked="" type="checkbox"/>	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	<input checked="" type="checkbox"/>	FLD39 - Illumination
Fire/explosion	Burns/impaction	<input type="checkbox"/>	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	<input checked="" type="checkbox"/>	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	<input type="checkbox"/>	FLD42 - Lockout/Tag-out
Biological Hazards	Biological Hazards at site	<input checked="" type="checkbox"/>	FLD43 - Biological Hazards
Animals	Animals	<input checked="" type="checkbox"/>	FLD43A - Animals
Insects	Stinging and Biting Insects	<input checked="" type="checkbox"/>	FLD43B - Stinging and Biting Insects
Molds/Fungi	Molds and Fungi	<input checked="" type="checkbox"/>	FLD43C - Molds and Fungi
Hazardous Plants	Hazardous Plants	<input checked="" type="checkbox"/>	FLD43D - Hazardous Plants
Etiologic Agents	Etiologic Agents	<input type="checkbox"/>	FLD43E - Etiologic Agents
Biological Hazards/BBP	Biological Hazards/BBP at site/First Aid Providers	<input checked="" type="checkbox"/>	FLD44 - Biological Hazards - Bloodborne Pathogens Exposure Control Plan - First Aid Providers

2.1.5 Physical Hazards of Concern (Continued)

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Infectious Waste	Infectious Waste at site/BBP/ at site/Infectious Waste	<input type="checkbox"/>	FLD45 – Biological Hazards – Bloodborne Pathogens Exposure Control Plan – Work With Infectious Waste
Lead Contaminated sites	Lead poisoning	<input type="checkbox"/>	FLD46 - Control of Exposure to Lead
Puncture/cuts	Cuts/ dismemberment/gouges	<input type="checkbox"/>	FLD47 - Clearing, Grubbing and Logging Operations
Not applicable	Not applicable	<input type="checkbox"/>	FLD48 – Federal, State, Local Regulatory Agency Inspections
Not applicable	Exposure to hazardous materials/waste	<input checked="" type="checkbox"/>	FLD49 – Safe Storage of Samples
Cadmium	Exposure Control	<input type="checkbox"/>	FLD50 – Cadmium Exposure Control Plan
Process Safety Procedure	Safety Procedure	<input type="checkbox"/>	FLD51 – Process Safety Procedure
Asbestos	Asbestos Exposure	<input type="checkbox"/>	FLD52 – Asbestos Exposure Control Plan
Hexavalent Chromium	Exposure Control Plan	<input type="checkbox"/>	FLD53 – Hexavalent Chromium Exposure Control Plan
Benzene	Exposure Control Plan	<input type="checkbox"/>	FLD54 - Benzene Exposure Control Plan
Hydrofluoric acid	Working with HF	<input type="checkbox"/>	FLD55 – Working with Hydrofluoric Acid
Moving drill rig parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD56 – Drilling Safety
Vehicles/driving	Accidents/fatigue/cell phone use	<input checked="" type="checkbox"/>	FLD 57 – Motor Vehicle Safety
Improper material handling	Back injury/crushing from load shifts/equipment/tools	<input checked="" type="checkbox"/>	FLD 58 – Drum Handling Operations
COC decontamination	COCs/slip,trip, and falls/waste generation/environmental compliance/PPE	<input checked="" type="checkbox"/>	FLD59 – Decontamination
Drilling hazards	Electrocution/overhead hazards/pinch points	<input type="checkbox"/>	Environmental Remediation Drilling Safety Guideline – 2005
Fatigue	Long work hours	<input type="checkbox"/>	FLD60 – Employee Duty Schedule
Benzene/Gasoline	Benzene exposure	<input type="checkbox"/>	FLD61 – Gasoline Contaminant Exposure

3. TASK BY TASK ASSESMENT

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.1 Task 1 Description

TASK 1: Site Recon: START will conduct a site reconnaissance to identify locations for sampling. Two STARTs will enter the building identify the potential sampling locations and to stage bottles at those locations. No invasive work will be conducted during this entry.

EQUIPMENT REQUIRED/USED

Level D PPE Log book
Sample bottles
Micro R Meter

MultiRAE
Camera

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

START will enter the building with a MicroR meter and MultiRAE to recon potential sampling issues. Any readings above action levels, work will stop until additional planning occurs.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

There may be slip, trip and fall hazards in the facility from clutter and process equipment. START will not energize any equipment to accomplish the sampling. There is some clutter in the facility and access to some portions of the building may be difficult. Flashlights and battery operated lanterns will be used to provide lighting.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

The site is an abandoned plating facility that has not been used for some time. Contact with poisonous plant is unlikely. There is a slight risk of contact with stray pets and other small animals.

RADIOLOGICAL

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

Modified Level D PPE: Hardhat, safety glasses, steel toe boots, tyvek suits and latex outer booties, nitrile gloves.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.2 Task 2 Description

TASK 2: Sample Collection: START will conduct a site assessment to collect samples of approximately fifteen (15) materials from drums, small containers, & tanks on the site. Two Weston START's will make entry into the building to conduct the sampling. An additional qualified/trained team member (Dayton FD) and the USEPA OSC will be equipped and staged to provide a rescue entry into the work area should the Level B team need assistance.

EQUIPMENT REQUIRED/USED

Level B PPE	Log book
Drum thieves	Coliwasas
Camera	Hand Tools
Sample bottles	Disposable scoops
PVC piping	

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

Reconnaissance of the building interior by START has indicated that there are various drums of process solutions, drums of acids, flammables and residues of these chemicals inside process containers (tanks, trenches). START will collect samples of a limited number of the container contents to confirm the contents and inventory the drums. Sampling of tanks and pits inside the facility will be conducted with Level B respiratory protection and chemical-resistant PPE.

Physical

☐ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

There may be slip, trip and fall hazards in the facility from clutter and process equipment. START will not energize any equipment to accomplish the sampling. There is some clutter in the facility and access to some portions of the building may be difficult. Flashlights and battery operated lanterns will be to provide lighting.

Biological

☐ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

The site is an abandoned industrial laundry facility that has been inactive for over 1 year. Contact with poisonous plants is unlikely. There is a slight risk of contact with stray pets and other small animals

RADIOLOGICAL

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

Level B PPE will be used for the sampling task. Full-facepiece SCBA with PE coated or saranex suit with double glove and overboots will be utilized

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.3 Task 3 Description

TASK 3:

EQUIPMENT REQUIRED/USED

POTENTIAL HAZARDS/RISKS

Chemical

☐ Hazard Present

Risk Level: ☐ H ☐ M ☐ L

Physical

☐ Hazard Present

Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

Biological

☐ Hazard Present

Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

RADIOLOGICAL

☐ Hazard Present

Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.4 Task 4 Description

TASK 4:

EQUIPMENT REQUIRED/USED

POTENTIAL HAZARDS/RISKS

Chemical

☐ Hazard Present

Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

Physical

☐ Hazard Present

Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

Biological

☐ Hazard Present

Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

RADIOLOGICAL

☐ Hazard Present

Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.5 Task 5 Description

TASK 5:

EQUIPMENT REQUIRED/USED

POTENTIAL HAZARDS/RISKS

Chemical

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

Physical

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

Biological

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

RADIOLOGICAL

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

LEVELS OF PROTECTION/JUSTIFICATION

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

3.2 PERSONNEL PROTECTION PLAN

Engineering Controls

Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

Administrative Controls

Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)

- 1 All personnel will work in pairs while inside the facility
All All personnel will be reminded to continuously take warm up break as necessary.

Personal Protective Equipment

Action Levels for Changing Levels of Protection. Refer to HASP Form 13, Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)

- All Level B PPE will be utilized for all tank and pit sampling work with unknown materials.

Description of Levels of Protection

Level D		Level D Modified	
Task(s): 1		Task(s): 2	
<input checked="" type="checkbox"/> Head	Hardhat	<input checked="" type="checkbox"/> Head	Hardhat
<input checked="" type="checkbox"/> Eye and Face	Safety Glasses	<input checked="" type="checkbox"/> Eye and Face	Safety glasses
<input type="checkbox"/> Hearing		<input type="checkbox"/> Hearing	
<input type="checkbox"/> Arms and Legs Only		<input type="checkbox"/> Arms and Legs Only	
<input type="checkbox"/> Appropriate Work Uniform		<input checked="" type="checkbox"/> Whole Body	Tyvek as necessary during recon in bldg.
<input checked="" type="checkbox"/> Hand – Gloves	Leather or nitrile as appropriate	<input type="checkbox"/> Apron	
<input checked="" type="checkbox"/> Foot - Safety Boots	Steel toe	<input checked="" type="checkbox"/> Hand – Gloves	Nitrile surgical
<input type="checkbox"/> Fall Protection		<input type="checkbox"/> Gloves	
<input type="checkbox"/> Flotation		<input type="checkbox"/> Gloves	
<input checked="" type="checkbox"/> Other	Level II or III Traffic Vest	<input checked="" type="checkbox"/> Foot - Safety Boots	Steel toe
		<input checked="" type="checkbox"/> Over Boots	Latex booties as necessary

3.3 DESCRIPTION OF LEVELS OF PROTECTION

Level C	Level B
Task(s): <input type="checkbox"/> Head <input checked="" type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input checked="" type="checkbox"/> Whole Body <input type="checkbox"/> Apron <input checked="" type="checkbox"/> Hand – Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Outer Boots <input type="checkbox"/> Boots (Other) <input type="checkbox"/> Half Face <input type="checkbox"/> Cart./Canister <input type="checkbox"/> Full Face <input type="checkbox"/> Cart./Canister <input type="checkbox"/> PAPR <input type="checkbox"/> Cart./Canister <input type="checkbox"/> Type C <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other	Task(s): 3 <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input checked="" type="checkbox"/> Whole Body PE or saranex-coated suit. <input type="checkbox"/> Apron <input checked="" type="checkbox"/> Hand - Gloves Nitrile surgical with long-cuff nitrile outer <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Foot - Safety Boots Steel toe <input checked="" type="checkbox"/> Outer Boots Latex outer <input type="checkbox"/> Boots (Other) <input type="checkbox"/> SAR - Airline <input checked="" type="checkbox"/> SCBA Full facepiece SCBA <input type="checkbox"/> Comb. Airline/SCBA <input type="checkbox"/> Cascade System <input type="checkbox"/> Compressor <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other

4. MONITORING PROGRAM

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments

Instrument Selection and Initial Check Record

Reporting Format:

☐ **Field Notebook**☐ Field Data Sheets*☐ Air Monitoring Log☐ Trip Report ☐ Other☐ Other

Instrument	Task No.(s)	Number Required	Number Received	Checked Upon Receipt	Comment	Initials
<input checked="" type="checkbox"/> RAD <input type="checkbox"/> GM (Pancake) <input checked="" type="checkbox"/> NaI (Micro R) <input type="checkbox"/> ZnS (Alpha Scintillator) <input type="checkbox"/> Other _____	1	1		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input checked="" type="checkbox"/> PID <input type="checkbox"/> MiniRAE <input checked="" type="checkbox"/> MultiRAE (LEL/O2/H2S/CO/PID) <input type="checkbox"/> TVA 1000 (PID/FID) <input type="checkbox"/> Other _____	1,2	1		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> FID <input type="checkbox"/> TVA 1000 (FID/PID) <input type="checkbox"/> Other _____				<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> PDR 1000 (Particulate)				<input type="checkbox"/>		
<input type="checkbox"/> Single Gas Meter (SGM) Specify Chemical:				<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Personal Sampling Pump Specify Media: 37 mm PVC (5 um) <input type="checkbox"/> Bio-Aerosol Monitor				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Detector Tube Pump: Specify (MSA, Dräger, Sensidyne)				<input type="checkbox"/>		
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments Calibration Record

[illegible]

4.2 SITE AIR MONITORING PROGRAM

Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.

	Tasks	Action Level		Action
<input checked="" type="checkbox"/> Explosive atmosphere		Ambient Air Concentration	Confined Space Concentration	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
<input type="checkbox"/> Oxygen		Ambient Air Concentration	Confined Space Concentration	
		<19.5% O ₂	<19.5% O ₂	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 25% O ₂	19.5% to 23.5% O ₂	Work may continue. Investigate changes from 21%.
		>25% O ₂	>23.5% O ₂	Work must stop. Ventilate area before returning.
<input type="checkbox"/> Radiation		< 3 times background 3 times background to < 1 mR/hour		Continue work. Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist.
		> 1 mrem/hour		Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
<input checked="" type="checkbox"/> Organic gases and vapors	1	< 5 units in the BZ by PID > 5 units in BZ by PID		Level D Stop work, evaluate upgrade or conducting task during Level B entry.
<input checked="" type="checkbox"/> Inorganic gases, vapors, and particulates	1,2	>1.5 mg/m ³ by visual estimation		Stop work, consult safety officer

4.3 ACTION LEVELS

(Attach action level calculations)

5. HOSPITAL INFORMATION

5.1 CONTINGENCIES

5.1.1 Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
WorkCare WESTON Medical Director WorkCare WESTON Program Administrator	Dr. Peter Greaney Heather Lind Paula Sandrock	From 6 am to 4:30 pm Pacific Time call 800-455-6155 dial 0 or extension 475 (Heather Lind) or ext. 110 (Paula Sandrock) to request the on-call clinician.
After-Business Hours Contact (In Case of Emergency Only)		4:31 p.m. – 5:59 a.m. Pacific Time, all day Saturday, Sunday and Holidays call 800-455-6155 Dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician or the on-call clinician will return your call within 30 minutes.
WESTON Corporate Environmental Health & Safety Director	Owen B. Douglass, Jr.	610-701-3065 610-506-5392 (mobile)
WESTON Medical Programs Manager	Owen B. Douglass, Jr	(See Above)
WESTON Health & Safety Division Safety Manager	Ted Deecke	847-337-4147
WESTON Health & Safety Local Safety Officer	David Robinson	440-531-4405
Fire Department (Chief Mark Lynch)	Dayton FD	911 Non-emergency: 937-333-4501
Police Department	Dayton PD	911 Non-emergency: 937-333-2600
WESTON FSO Cell Phone	John Sherrard	513-260-7849
WESTON PM Cell Phone	Randy Kirkland	937-602-3089
Client Site Phone	OSC Steven Renninger	513-260-7849
Site Telephone	TBD	
Nearest Telephone	Randy Kirkland (mobile)	937-602-3089
Poison Control		(800) 222-1222

Local Medical Emergency Facility(s)

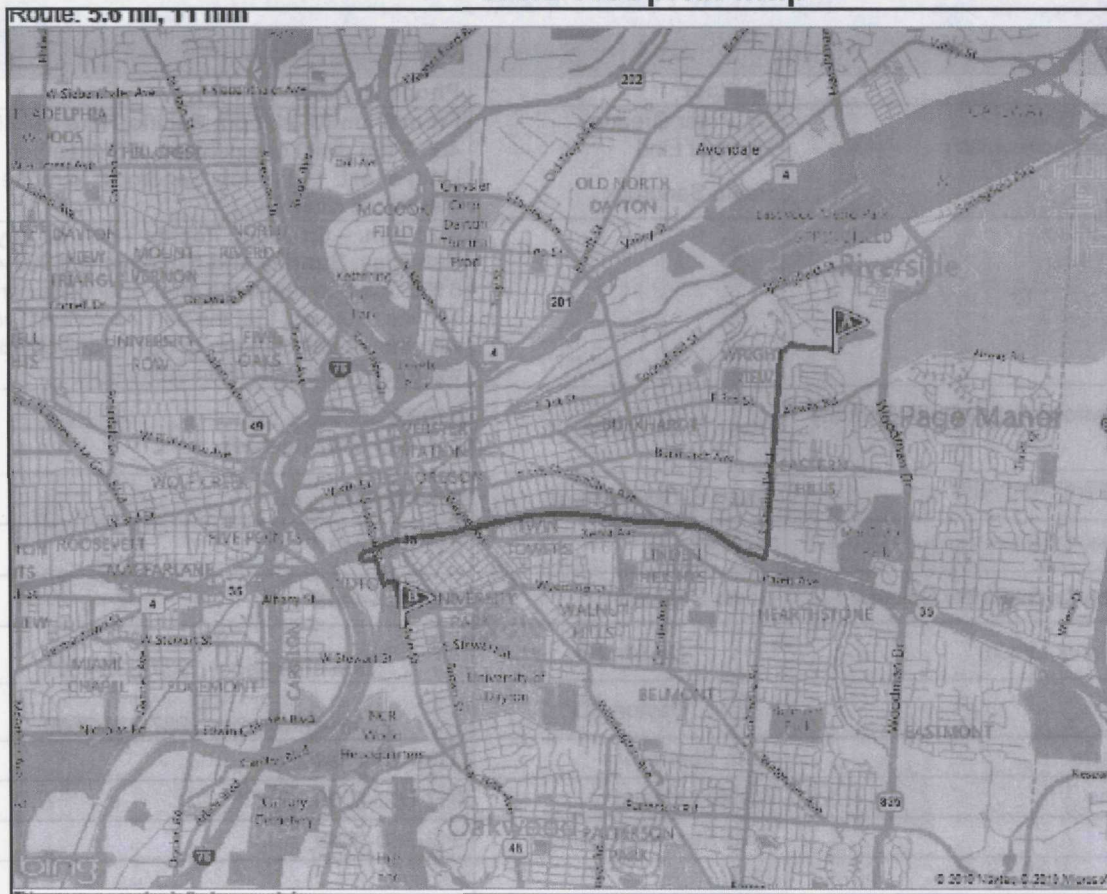
Name of Hospital: Miami Valley Hospital		
Address: 1 Wyoming Street, Dayton, OH		Phone No.: 937-208-8000
Name of Contact: Emergency Room		Emergency: Same
Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	Route to Hospital: (See Attached)	Travel time from site: 8 min _____ Distance to hospital: 5.1 mi. Name/no. of 24-hr ambulance service: 911

Secondary or Specialty Service Provider

Name of Hospital: Grandview Hospital		
Address: 405 W. Grand Avenue, Dayton, OH		Information: 937-226-3200
Name of Contact: Emergency Room		Emergency: Same
Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	Travel time from site: 8 min _____ Distance to hospital: 5.1 mi. Name/no. of 24-hr ambulance service: 911	Travel time from site: 11 min. _____ Distance to hospital: 5.6 mi. Name/no. of 24-hr ambulance service: /









See reporting an incident in Attachment F.

5.1.2 Hospital Map



This map is subject to Mapquest's Terms of Service, and Mapquest is the owner of rights therein

Directions to Grandview Hospital

	1962 Radio Rd, Dayton, OH 45431-1097	A-B: 5.6 mi 11 min
	1. Depart Radio Rd toward N Smithville Rd	0.3 mi
	2. Turn left onto N Smithville Rd	0.6 mi
	3. Keep straight onto S Smithville Rd	1.0 mi
	4. Take ramp right for US-35 West toward Dayton	2.8 mi
	5. Take ramp left for Zeigler St toward Ludlow St	0.4 mi
	6. Turn right onto SR-48 South / S Ludlow St	0.2 mi
	7. Turn left to stay on SR-48 South / Stout St	0.4 mi
	8. Arrive at 1 Wyoming St, Dayton, OH <i>The last intersection is W Apple St</i>	< 0.1 mi

5.1 CONTINGENCIES

5.1.3 Response Plans

Medical - General Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination.		First Aid Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Blood Borne Pathogens Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type Standard 20-man and infection control kit	Location In Vehicle	Special First-Aid Procedures: Cyanides on-site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, contact LMF. Do they have antidote kit? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Eyewash required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type Bottles (4)	Location Vehicle	HF on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, need neutralizing ointment for first-aid kit. Contact LMF.
		Shower required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type	Location	
Plan for Response to Spill/Release In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.		Plan for Response to Fire/Explosion In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate:			Fire Extinguishers Type/Location <u>ABC/Vehicle</u> _____ _____ _____ _____ _____ _____
a. Cleanup per MSDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator b. Evacuate to pre-determined safe place c. Account for personnel d. Determine if team can respond safely e. Mobilize per Site Spill Response Plan	a. Sound alarm and call for assistance, notify Emergency Coordinator b. Evacuate to predetermined safe place c. Account for personnel d. Use fire extinguisher <u>only if safe and trained</u> in its use e. Stand by to inform emergency responders of materials and conditions				
Description of Spill Response Gear	Location	Description (Other Fire Response Equipment)		Location	

6. DECONTAMINATION PLAN

6.1 GENERAL DECONTAMINATION PLAN

Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐ Level B

☐ Level C

☒ Level D

Modifications include:

Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

Dispose of expendable PPE in garbage bags.

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

None Anticipated.

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

Wipe with disposable PPE wipes.

6.2 LEVEL D DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input checked="" type="checkbox"/> Boot cover removal (if needed)	Dispose of in trash bag
<input type="checkbox"/> Outer glove removal	
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Suit removal	
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input checked="" type="checkbox"/> Inner glove removal	Dispose of in trash bag
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input checked="" type="checkbox"/> Field wash	Wash hands and face prior to eating or drinking
<input type="checkbox"/> Redress	
Disposal Plan, End of Day: Containerize waste in garbage bags	
Disposal Plan, End of Week: Containerize waste in garbage bags	
Disposal Plan, End of Project: Secure bagged waste onsite for disposal during anticipated removal action.	

6.3 LEVEL C DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input type="checkbox"/> Boot cover removal	
<input type="checkbox"/> Outer glove removal	
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Suit removal	
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input type="checkbox"/> Facepiece removal	
<input type="checkbox"/> Inner glove removal	
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input type="checkbox"/> Field wash	
<input type="checkbox"/> Redress	
Disposal Plan, End of Day: 	
Disposal Plan, End of Week: 	
Disposal Plan, End of Project: 	

6.4 LEVEL B DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input checked="" type="checkbox"/> Boot cover removal	Dispose of in trash bag
<input checked="" type="checkbox"/> Outer glove removal	Dispose of in trash bag

HOTLINE

<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/SCBA/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Remove SCBA backpack without disconnecting	
<input checked="" type="checkbox"/> Splash suit removal	Dispose of in trash bag
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input checked="" type="checkbox"/> SCBA disconnect and facepiece removal	Wipe down with disposable PPE wipes
<input checked="" type="checkbox"/> Inner glove removal	Dispose of in trash bag
<input type="checkbox"/> Inner clothing removal	

CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY

<input checked="" type="checkbox"/> Field wash	Wash hands & face prior to eating or drinking
<input type="checkbox"/> Redress	

Disposal Plan, End of Day:
Bag all PPE waste in trash bag

Disposal Plan, End of Week:
NA

Disposal Plan, End of Project:
Secure waste bags onsite for disposal during removal action

7. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET

7.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

<input checked="" type="checkbox"/> Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 I	<input type="checkbox"/> Level A
<input checked="" type="checkbox"/> Physical hazards, HASP Form 07	<input checked="" type="checkbox"/> Level B
<input checked="" type="checkbox"/> Chemical hazards, HASP Form 04	<input type="checkbox"/> Level C
<input checked="" type="checkbox"/> Animal bites, stings, and poisonous plants	<input checked="" type="checkbox"/> Level D
<input type="checkbox"/> Etiologic (infectious) agents	<input checked="" type="checkbox"/> Monitoring, 29 CFR 1910.120 (h)
<input type="checkbox"/> Site control, 29 CFR 1910.120 d	<input checked="" type="checkbox"/> Decontamination, 29 CFR 1910.120 (k)
<input type="checkbox"/> Engineering controls and work practices, 29 CFR 1910.120 (g)	<input type="checkbox"/> Emergency response, 29 CFR 1910.120 (l)
<input checked="" type="checkbox"/> Heavy machinery	<input type="checkbox"/> Elements of an emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Forklift	<input checked="" type="checkbox"/> Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
<input checked="" type="checkbox"/> Backhoe	<input type="checkbox"/> Off-site emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Handling drums and containers, 29 CFR 1910.120 (j)
<input checked="" type="checkbox"/> Tools	<input checked="" type="checkbox"/> Opening drums and containers
<input checked="" type="checkbox"/> Ladder, 29 CFR 1910.27 (d)/29 CFR 1926	<input type="checkbox"/> Electrical material handling equipment
<input type="checkbox"/> Overhead and underground utilities	<input type="checkbox"/> Radioactive waste
<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Shock-sensitive waste
<input type="checkbox"/> Structural integrity	<input type="checkbox"/> Laboratory waste packs
<input type="checkbox"/> Unguarded openings - wall, floor, ceilings	<input checked="" type="checkbox"/> Sampling drums and containers
<input type="checkbox"/> Pressurized air cylinders	<input type="checkbox"/> Shipping and transport, 49 CFR 172.101, IATA
<input checked="" type="checkbox"/> Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	<input type="checkbox"/> Tank and vault procedures
<input checked="" type="checkbox"/> Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	<input checked="" type="checkbox"/> Illumination, 29 CFR 1910.120 (m)
<input type="checkbox"/> Working over water FLD-19	<input type="checkbox"/> Sanitation, 29 CFR 1910.120 (n)
<input type="checkbox"/> Boating safety FLD-18	<input type="checkbox"/>
<input checked="" type="checkbox"/> Heat Stress	<input type="checkbox"/>
<input type="checkbox"/> Proper lifting techniques	<input type="checkbox"/>

7.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM

Site Name: Multi-Service SA

WO#: 20405.012.001.1344.00

Address: 1962 Radio Rd, Dayton, OH

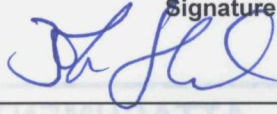
I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).

Name

Signature

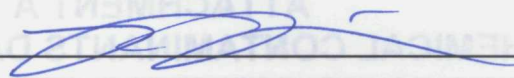
Date

JOHN SHEPARD



1/27/11

Randy Kirkland



1-27-11

ATTACHMENT A

CHEMICAL CONTAMINANTS DATA SHEETS

Insert sheets on following page.

NIOSH Pocket Guide to Chemical Hazards

Toluene					
Synonyms & Trade Names					
Methyl benzene, Methyl benzol, Phenyl methane, Toluol					
CAS No.	RTECS No.		DOT ID & Guide		
108-88-3	XS5250000		1294 130		
Formula	Conversion		IDLH		
C ₆ H ₅ CH ₃	1 ppm = 3.77 mg/m ³		500 ppm See: 108883		
Exposure Limits			Measurement Methods		
NIOSH REL			NIOSH 1500 , 1501 , 3800 , 4000 ;		
: TWA 100 ppm (375 mg/m ³) ST 150 ppm (560 mg/m ³)			OSHA 111		
OSHA PEL			See: NMAM or OSHA Methods		
‡: TWA 200 ppm C 300 ppm 500 ppm (10-minute maximum peak)					
Physical Description					
Colorless liquid with a sweet, pungent, benzene-like odor.					
MW:	BP:	FRZ:	Sol(74°F): 0.07%	VP:	IP:
92.1	232°F	-139°F		21 mmHg	8.82 eV
Sp.Gr:	FLP:	UEL:	LEL:		
0.87	40°F	7.1%	1.1%		
Class IB Flammable Liquid: FLP. below 73°F and BP at or above 100°F.					
Incompatibilities & Reactivities					
Strong oxidizers					
Exposure Routes					
inhalation, skin absorption, ingestion, skin and/or eye contact					
Symptoms					
irritation eyes, nose; lassitude (weakness, exhaustion), confusion, euphoria, dizziness, headache; dilated pupils, lacrimation (discharge of tears); anxiety, muscle fatigue, insomnia; paresthesia; dermatitis; liver, kidney damage					
Target Organs					
Eyes, skin, respiratory system, central nervous system, liver, kidneys					

Personal Protection/Sanitation

(See protection codes)

Skin: Prevent skin contact

Eyes: Prevent eye contact

Wash skin: When contaminated

Remove: When wet (flammable)

Change: No recommendation

First Aid

(See procedures)

Eye: Irrigate immediately

Skin: Soap wash promptly

Breathing: Respiratory support

Swallow: Medical attention immediately

Respirator Recommendations**NIOSH****Up to 500 ppm:**

(APF = 10) Any chemical cartridge respirator with organic vapor cartridge(s)*

(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s)*

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister

(APF = 10) Any supplied-air respirator*

(APF = 50) Any self-contained breathing apparatus with a full facepiece

Emergency or planned entry into unknown concentrations or IDLH conditions:

(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

Escape:

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister

Any appropriate escape-type, self-contained breathing apparatus

Important additional information about respirator selection

NIOSH POCKET GUIDE TO CHEMICAL HAZARDS

Methylene chloride

Synonyms & Trade Names

Dichloromethane, Methylene dichloride

CAS No.

75-09-2

RTECS No.

PA8050000

DOT ID & Guide

1593 160

Formula

CH₂Cl₂

Conversion

1 ppm = 3.47 mg/m³

IDLH

Ca [2300 ppm]

See: 75092

Exposure Limits

NIOSH REL

: Ca [See Appendix A](#)

OSHA PEL

: [1910.1052] TWA 25 ppm ST 125 ppm

Measurement Methods

NIOSH 1005, 3800;

OSHA 59, 80

See: [NMAM](#) or [OSHA Methods](#)

Physical Description

Colorless liquid with a chloroform-like odor. [Note: A gas above 104°F.]

MW:

84.9

BP:

104°F

FRZ:

-139°F

Sol:

2%

VP:

350 mmHg

IP:

11.32 eV

Sp.Gr:

1.33

FLP:

?

UEL:

23%

LEL:

13%

Combustible Liquid

Incompatibilities & Reactivities

Strong oxidizers; caustics; chemically-active metals such as aluminum, magnesium powders, potassium & sodium; concentrated nitric acid

Exposure Routes

inhalation, skin absorption, ingestion, skin and/or eye contact

Symptoms

irritation eyes, skin; lassitude (weakness, exhaustion), drowsiness, dizziness; numb, tingle limbs; nausea; [potential occupational carcinogen]

Target Organs

Eyes, skin, cardiovascular system, central nervous system

Cancer Site

[in animals: lung, liver, salivary & mammary gland tumors]

Personal Protection/Sanitation

([See protection codes](#))

Skin: Prevent skin contact

Eyes: Prevent eye contact

Wash skin: When contaminated

Remove: When wet or contaminated

Change: No recommendation

Provide: Eyewash, Quick drench

First Aid

([See procedures](#))

Eye: Irrigate immediately

Skin: Soap wash promptly

Breathing: Respiratory support

Swallow: Medical attention immediately

Respirator Recommendations

([See Appendix E](#))

NIOSH

At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:

(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

Escape:

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister

Any appropriate escape-type, self-contained breathing apparatus

Important additional information about respirator selection

NIOSH POCKET GUIDE TO CHEMICAL HAZARDS

Tetrachloroethylene

Synonyms & Trade Names

Perchloroethylene, Perchloroethylene, Perk, Tetrachlorethylene

CAS No.
127-18-4

RTECS No.
KX3850000

DOT ID & Guide
1897 160

Formula
 $\text{Cl}_2\text{C}=\text{CCl}_2$

Conversion
1 ppm = 6.78 mg/m³

IDLH
Ca [150 ppm]
See: 127184

Exposure Limits

NIOSH REL

: Ca Minimize workplace exposure concentrations. See Appendix A

OSHA PEL

‡: TWA 100 ppm

C 200 ppm (for 5 minutes in any 3-hour period), with a maximum peak of 300 ppm

Measurement Methods

NIOSH 1003

OSHA 1001

See: NMAM or OSHA Methods

Physical Description

Colorless liquid with a mild, chloroform-like odor.

MW:
165.8

BP:
250°F

FRZ:
-2°F

Sol:
0.02%

VP:
14 mmHg

IP:
9.32 eV

Sp.Gr:
1.62

Fl.P:
NA

UEL:
NA

LEL:
NA

Noncombustible Liquid, but decomposes in a fire to hydrogen chloride and phosgene.

Incompatibilities & Reactivities

Strong oxidizers; chemically-active metals such as lithium, beryllium & barium; caustic soda; sodium hydroxide; potash

Exposure Routes

inhalation, skin absorption, ingestion, skin and/or eye contact

Symptoms

irritation eyes, skin, nose, throat, respiratory system; nausea; flush face, neck; dizziness, incoordination; headache, drowsiness; skin erythema (skin redness); liver damage; [potential occupational carcinogen]

Target Organs

Eyes, skin, respiratory system, liver, kidneys, central nervous system

Cancer Site

[in animals: liver tumors]

Personal Protection/Sanitation (See protection codes)

Skin: Prevent skin contact

Eyes: Prevent eye contact

Wash skin: When contaminated

Remove: When wet or contaminated

Change: No recommendation

Provide: Eyewash, Quick drench

First Aid

(See procedures)

Eye: Irrigate immediately

Skin: Soap wash promptly

Breathing: Respiratory support

Swallow: Medical attention immediately

Important additional information about respirator selection

7-

NIOSH Pocket Guide to Chemical Hazards

m-Xylene

Synonyms & Trade Names

1,3-Dimethylbenzene; meta-Xylene; m-Xylol


CAS No.

108-38-3

RTECS No.

ZE2275000

DOT ID & Guide

1307 130

Formula

$C_6H_4(CH_3)_2$

Conversion

1 ppm = 4.34 mg/m³

IDLH

900 ppm

See: 95476

Exposure Limits



NIOSH REL

: TWA 100 ppm (435 mg/m³) ST 150 ppm (655 mg/m³)


OSHA PEL

†: TWA 100 ppm (435 mg/m³)

Measurement Methods

NIOSH 1501 , 3800 

OSHA 1002 

See: NMAM or OSHA Methods

Physical Description

Colorless liquid with an aromatic odor.

MW:

106.2

BP:

282°F

FRZ:

-54°F

Sol:

Slight

VP:

9 mmHg

IP:

8.56 eV

Sp.Gr:

0.86

FLP:

82°F

UEL:

7.0%

LEL:

1.1%

Class IC Flammable Liquid: FLP. at or above 73°F and below 100°F.

Incompatibilities & Reactivities

Strong oxidizers, strong acids

Exposure Routes

inhalation, skin absorption, ingestion, skin and/or eye contact

Symptoms

irritation eyes, skin, nose, throat; dizziness, excitement, drowsiness, incoordination, staggering gait; corneal vacuolization; anorexia, nausea, vomiting, abdominal pain; dermatitis

Target Organs

Eyes, skin, respiratory system, central nervous system, gastrointestinal tract, blood, liver, kidneys

Personal Protection/Sanitation

(See protection codes)

Skin: Prevent skin contact

Eyes: Prevent eye contact

Wash skin: When contaminated

Remove: When wet (flammable)

Change: No recommendation

First Aid

(See procedures)

Eye: Irrigate immediately

Skin: Soap wash promptly

Breathing: Respiratory support

Swallow: Medical attention immediately

Respirator Recommendations

NIOSH/OSHA

Up to 900 ppm:

(APF = 10) Any chemical cartridge respirator with organic vapor cartridge(s)*

(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s)*

(APF = 10) Any supplied-air respirator*

Any appropriate escape-type, self-contained breathing apparatus

NIOSH Pocket Guide to Chemical Hazards

1,3,5-Trimethylbenzene

Synonyms & Trade Names

Mesitylene, Symmetrical trimethylbenzene, sym-Trimethylbenzene

CAS No.

108-67-8

RTECS No.

OX6825000

DOT ID & Guide

2325 129

Formula

$C_6H_3(CH_3)_3$

Conversion

1 ppm = 4.92 mg/m³

IDLH

N.D.

See: IDLH INDEX

Exposure Limits

NIOSH REL

: TWA 25 ppm (125 mg/m³)

OSHA PEL

‡: none

Measurement Methods

OSHA PV2091

See: NMAM or OSHA Methods

Physical Description

Clear, colorless liquid with a distinctive, aromatic odor.

MW:

120.2

BP:

329°F

FRZ:

-49°F

Sol:

0.002%

VP:

2 mmHg

IP:

8.39 eV

Sp.Gr:

0.86

FLP:

122°F

UEL:

?

LEL:

?

Class II Flammable Liquid

Incompatibilities & Reactivities

Oxidizers, nitric acid

Exposure Routes

inhalation, ingestion, skin and/or eye contact

Symptoms

irritation eyes, skin, nose, throat, respiratory system; bronchitis; hypochromic anemia; headache, drowsiness, lassitude (weakness, exhaustion), dizziness, nausea, incoordination; vomiting, confusion; chemical pneumonitis (aspiration liquid)

Target Organs

Eyes, skin, respiratory system, central nervous system, blood

Personal Protection/Sanitation

(See protection codes)

Skin: Prevent skin contact

Eyes: Prevent eye contact

Wash skin: When contaminated

Remove: When wet or contaminated

Change: No recommendation

First Aid

(See procedures)

Eye: Irrigate immediately

Skin: Soap wash

Breathing: Respiratory support

Swallow: Medical attention immediately

Respirator Recommendations

Not available.

NIOSH Pocket Guide to Chemical Hazards

1,2,4-Trimethylbenzene

Synonyms & Trade Names

Asymmetrical trimethylbenzene, psi-Cumene, Pseudocumene [Note: Hemimellitene is a mixture of the 1,2,3-isomer with up to 10% of related aromatics such as the 1,2,4-isomer.]

CAS No.
95-63-6

RTECS No.
DC3325000

DOT ID & Guide

Formula
 $C_6H_3(CH_3)_3$

Conversion
1 ppm = 4.92 mg/m³

IDLH
N.D.
See: [IDLH INDEX](#)

Exposure Limits

NIOSH REL
: TWA 25 ppm (125 mg/m³)
OSHA PEL
‡: none

Measurement Methods

OSHA PV2091
See: [NMAM](#) or [OSHA Methods](#)

Physical Description

Clear, colorless liquid with a distinctive, aromatic odor.

MW:
120.2

BP:
337°F

FRZ:
-77°F

Sol:
0.006%

VP(56°F): 1 mmHg

IP:
8.27 eV

Sp.Gr:
0.88

Fl.P:
112°F

UEL:
6.4%

LEL:
0.9%

Class II Flammable Liquid

Incompatibilities & Reactivities

Oxidizers, nitric acid

Exposure Routes

inhalation, ingestion, skin and/or eye contact

Symptoms

irritation eyes, skin, nose, throat, respiratory system; bronchitis; hypochromic anemia; headache, drowsiness, lassitude (weakness, exhaustion), dizziness, nausea, incoordination; vomiting, confusion; chemical pneumonitis (aspiration liquid)

Target Organs

Eyes, skin, respiratory system, central nervous system, blood

Personal Protection/Sanitation

(See protection codes)

Skin: Prevent skin contact

Eyes: Prevent eye contact

Wash skin: When contaminated

Remove: When wet or contaminated

Change: No recommendation

First Aid

(See procedures)

Eye: Irrigate immediately

Skin: Soap wash

Breathing: Respiratory support

Swallow: Medical attention immediately

Respirator Recommendations

Not available.

NIOSH Pocket Guide to Chemical Hazards

Naphthalene

Synonyms & Trade Names

Naphthalin, Tar camphor, White tar

CAS No.
91-20-3

RTECS No.
QJ0525000

DOT ID & Guide
1334 133 ☑ (crude or refined)
2304 133 ☑ (molten)

Formula
C₁₀H₈

Conversion
1 ppm = 5.24 mg/m³

IDLH
250 ppm
See: 91203

Exposure Limits

NIOSH REL

: TWA 10 ppm (50 mg/m³) ST 15 ppm (75 mg/m³)

OSHA PEL

‡: TWA 10 ppm (50 mg/m³)

Measurement Methods

NIOSH 1501 ☑;
OSHA 35 ☑
See: NMAM or OSHA Methods ☑

Physical Description

Colorless to brown solid with an odor of mothballs. [Note: Shipped as a molten solid.]

MW:
128.2

BP:
424°F

MLT: 176°F

Sol:
0.003%

VP:
0.08 mmHg

IP:
8.12 eV

Sp.Gr:
1.15

FLP:
174°F

UEL:
5.9%

LEL:
0.9%

Combustible Solid, but will take some effort to ignite.

Incompatibilities & Reactivities

Strong oxidizers, chromic anhydride

Exposure Routes

inhalation, skin absorption, ingestion, skin and/or eye contact

Symptoms

irritation eyes; headache, confusion, excitement, malaise (vague feeling of discomfort); nausea, vomiting, abdominal pain; irritation bladder; profuse sweating; jaundice; hematuria (blood in the urine), renal shutdown; dermatitis, optical neuritis, corneal damage

Target Organs

Eyes, skin, blood, liver, kidneys, central nervous system

Personal Protection/Sanitation (See protection codes)

Skin: Prevent skin contact

Eyes: Prevent eye contact

Wash skin: When contaminated

Remove: When wet or contaminated

Change: Daily

First Aid

(See procedures)

Eye: Irrigate immediately

Skin: Molten flush immediately/solid-liquid soap wash promptly

Breathing: Respiratory support

Swallow: Medical attention immediately

Respirator Recommendations

NIOSH/OSHA

Up to 100 ppm:

(APF = 10) Any air-purifying half-mask respirator with organic vapor cartridge(s) in combination with an N95, R95, or P95 filter. The following filters may also be used: N99, R99, P99, N100, R100, P100.

[Click here](#) for information on selection of N, R, or P filters.*

(APF = 10) Any supplied-air respirator*

Up to 250 ppm:

(APF = 25) Any supplied-air respirator operated in a continuous-flow mode*

(APF = 50) Any air-purifying full-facepiece respirator equipped with organic vapor cartridge(s) in combination with an N100, R100, or P100 filter.

Click here for information on selection of N, R, or P filters.

(APF = 25) Any powered, air-purifying respirator with an organic vapor cartridge in combination with a high-efficiency particulate filter.*

(APF = 50) Any self-contained breathing apparatus with a full facepiece

(APF = 50) Any supplied-air respirator with a full facepiece

Emergency or planned entry into unknown concentrations or IDLH conditions:

(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

Escape:

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister having an N100, R100, or P100 filter.

Click here for information on selection of N, R, or P filters.

Any appropriate escape-type, self-contained breathing apparatus

ATTACHMENT B

MATERIAL SAFETY DATA SHEETS

(ATTACH MSDS)

Insert documents on following page.

ATTACHMENT C

SAFETY PROCEDURES/FIELD OPERATING PROCEDURES (FLD OPS)

Insert documents on following page.

ATTACHMENT D

HAZARD COMMUNICATION PROGRAM

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to effect compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON are known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site

- ☐ Site or other location name/address: 1962 Radio Road, Dayton, OH
- ☐ Site/Project/Location Manager: John Sherrard
- ☐ Site/Location Safety Officer: John Sherrard
- ☐ List of chemicals compiled, format: ☒ HASP ☐ Other: _____
- ☐ Location of MSDS files: HASP
- ☐ Training conducted by: Name: _____ Date: _____
- ☐ Indicate format of training documentation: ☒ Field Log ☐ Other: _____
- ☐ Client briefing conducted regarding hazard communication: _____
- ☐ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies: _____
- ☐ Other employer(s) notified of chemicals, labeling, and MSDS information: _____
- ☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☐ No

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the MSDSs. Further information on each chemical may be obtained by reviewing the appropriate MSDS. The list will be arranged to enable cross-reference with the MSDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing MSDSs and other information with label information to ensure correctness.

Material Safety Data Sheets (MSDSs)

The SO is responsible for establishing and monitoring WESTON's MSDS program for the location. The SO will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an MSDS is not received at the time of initial shipment, the SO will call the manufacturer and have an MSDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, MSDSs for all hazardous chemicals in use will be kept in the MSDS folder at a location known to all site workers. MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised MSDS is received, the SO will immediately replace the old MSDS.

Employee Training and Information

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the MSDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review MSDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, nonroutine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

Hazardous Nonroutine Tasks

When employees are required to perform hazardous nonroutine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

Multi-Employer Work Sites

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. MSDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing MSDS information must be relayed to affected employees.

ATTACHMENT E
AIR SAMPLING DATA SHEETS

SITE AIR MONITORING PROGRAM

Field Data Sheets

Location:

% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

Location:

% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

[illegible]

Date: _____

ATTACHMENT F INCIDENT REPORTING

Welcome to NOITrack.: - Windows Internet Explorer

http://prdnet/noitrack/IncidentInfo.aspx

File Edit View Favorites Tools Help

Google Search Bookmarks Check AutoFill Sign In

NOITrack

Open NOIT's Search Add New Incident Reports Admin Help Blog

Incident Info Individual Data Investigation File Attachment

☐ Near Incident

Fields marked with * are required

Security	Safety	Computer	Other
<input type="checkbox"/> Threat or Intimidation	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Computer/Technology	<input type="checkbox"/> Environmental
<input type="checkbox"/> Act of Violence	<input type="checkbox"/> Injury	<input type="checkbox"/> Other	<input type="checkbox"/> Property/Equipment Damage
<input type="checkbox"/> Theft	<input type="checkbox"/> Illness		<input type="checkbox"/> Regulatory Agency
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Exposure		<input type="checkbox"/> Other
<input type="checkbox"/> Violation of Company or Government Security Requirements	<input type="checkbox"/> Other Safety		
<input type="checkbox"/> Other Security			

Was this a single event or the latest in a series(describe)?

Note: This description is limited to 255 characters. If more information is required, add the information in the submitted description.

Date of Incident *

Time of Incident * Hrs min AM

☐ Unknown Date ☐ Unknown Time

Done Local intranet 100%

Please go to NOITrack using the following link to complete incident reporting. If you are in the field and do not have access to NOITrack, please contact someone in your office to do the reporting for you.

<http://prdnet/noitrack/IncidentInfo.aspx>

Questions can be directed to Susan Hipp-Ludwick at 610.701.3046 or Matt Dillon at 610.701.3667

ATTACHMENT G

AHA CHECKLIST AND ENVIRONMENTAL COMPLIANCE

HAZARD CHECKLIST Site Manager/EHS Officer:

Date: 27-Jan-11

Location: Multi-Service SA

Address: 1962 Radio Road, Dayton, OH

Task Team (name or reference via daily sign-in sheet)

HAZARDS IDENTIFIED (check those applicable)

	Chemical		Biological		Physical		Aerial lifts		Remote Areas
<input checked="" type="checkbox"/>	Flammable/combustible	<input checked="" type="checkbox"/>	Insects	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Man. Material Handling	<input type="checkbox"/>	Materials handling
<input checked="" type="checkbox"/>	Corrosive	<input checked="" type="checkbox"/>	Animals	<input checked="" type="checkbox"/>	Heat	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	High Pressure Washers
<input checked="" type="checkbox"/>	Oxidizer	<input type="checkbox"/>	Plants	<input checked="" type="checkbox"/>	Cold	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Hand and Power Tools
<input checked="" type="checkbox"/>	Reactive	<input type="checkbox"/>	Mold/Fungus	<input checked="" type="checkbox"/>	Inclement Weather	<input type="checkbox"/>	Pile Driving	<input type="checkbox"/>	Low Illumination
<input checked="" type="checkbox"/>	Toxic	<input type="checkbox"/>	Viral/Bacterial	<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	Welding/Cutting/Burn	<input type="checkbox"/>	Drilling & Boring
<input checked="" type="checkbox"/>	Inhalation	<input type="checkbox"/>	Density Gauges	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Hot Surfaces	<input type="checkbox"/>	Striking against/Struck-by
<input checked="" type="checkbox"/>	Eyes/Skin	<input type="checkbox"/>	Radiological	<input type="checkbox"/>	Stored hazardous Energy	<input type="checkbox"/>	Hot Materials	<input type="checkbox"/>	Caught-in/Caught between
<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	Ultra-Violet	<input type="checkbox"/>	Elevation	<input type="checkbox"/>	Rough Terrain	<input type="checkbox"/>	Pushing/pulling
<input checked="" type="checkbox"/>	Carcinogen	<input checked="" type="checkbox"/>	Sunlight	<input checked="" type="checkbox"/>	Utilities	<input checked="" type="checkbox"/>	Compressed Gases	<input type="checkbox"/>	Falls at same level
<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Infrared	<input type="checkbox"/>	Machinery	<input type="checkbox"/>	Hazardous Mat. Storage	<input type="checkbox"/>	Falls from elevation
<input type="checkbox"/>	Lead	<input type="checkbox"/>	Lasers	<input type="checkbox"/>	Mobile equipment	<input type="checkbox"/>	Diving	<input type="checkbox"/>	Repetitive motion
<input type="checkbox"/>	UXO/OE/ CWM	<input type="checkbox"/>	XRF	<input type="checkbox"/>	Cranes	<input type="checkbox"/>	Operation of Boats	<input type="checkbox"/>	High (>110v) Electricity
<input type="checkbox"/>	Process Safety	<input type="checkbox"/>	Isotopes	<input type="checkbox"/>	Manual Material Handling	<input type="checkbox"/>	Working Over Water	<input type="checkbox"/>	Slippery surface Ice/Snow
<input type="checkbox"/>	Applying Paint/Coatings	<input type="checkbox"/>		<input type="checkbox"/>	Ladders	<input checked="" type="checkbox"/>	Traffic	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Scaffolding	<input checked="" type="checkbox"/>	Site Security	<input type="checkbox"/>	

REQUIRED PROTECTION (check those applicable)

	Engineering Controls		Administrative Control		PPE		Contingency
<input type="checkbox"/>	Guard Rails	<input checked="" type="checkbox"/>	Qualified for task	<input type="checkbox"/>	Air Supplying Respirator	<input type="checkbox"/>	Emergency Signal Known
<input type="checkbox"/>	Machine Guards	<input checked="" type="checkbox"/>	Trained/Certified	<input type="checkbox"/>	Air Purifying Respirator	<input checked="" type="checkbox"/>	Eye wash/shower Location
<input type="checkbox"/>	Sound Barriers	<input type="checkbox"/>	Hot Work Permit	<input checked="" type="checkbox"/>	SCBA	<input type="checkbox"/>	First Aid Kit Location
<input type="checkbox"/>	Enclosure	<input type="checkbox"/>	CSE Permit	<input type="checkbox"/>	Hard Hat	<input type="checkbox"/>	Fire Extinguisher Location
<input type="checkbox"/>	Elevation	<input type="checkbox"/>	Lockout/Tag Out	<input type="checkbox"/>	Ear Plugs	<input checked="" type="checkbox"/>	Spill Kit Location
<input type="checkbox"/>	Isolation	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	Ear Muffs	<input checked="" type="checkbox"/>	Severe weather shelter
<input type="checkbox"/>	GFCI	<input type="checkbox"/>	Dig Safe Permit	<input checked="" type="checkbox"/>	Safety Glasses	<input checked="" type="checkbox"/>	Evacuation Routes
<input type="checkbox"/>	Assured Ground Program	<input type="checkbox"/>	Contingency Plan	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	
<input type="checkbox"/>	Apply Anti-slip/skid Mat	<input type="checkbox"/>	Critical Lift Plans	<input type="checkbox"/>	Chemical Goggles	<input type="checkbox"/>	
		<input type="checkbox"/>	Equip. Inspection Sheets	<input type="checkbox"/>	Face Shield	<input type="checkbox"/>	
				<input type="checkbox"/>	Thermal Shield	<input type="checkbox"/>	
				<input type="checkbox"/>	Welding Mask	<input type="checkbox"/>	
				<input type="checkbox"/>	Cutting Glasses	<input type="checkbox"/>	

Any Modification to Tasks (list)

Other tasks or activities that may affect my activity

Reasons for any changes indicated above

Environmental Compliance Considerations:

<input type="checkbox"/>	Generation of Hazardous Waste*	<input type="checkbox"/>	→Waste Identification & Manifesting - Marking, Placarding, Labeling
<input type="checkbox"/>	Generation of Investigation Derived Waste*	<input type="checkbox"/>	→Training & Licensing for Use of Radioactive Materials/Sources
<input type="checkbox"/>	Treatment, Storage, or Disposal of Hazardous Waste*	<input type="checkbox"/>	→ Containers: dated, labeled, closed, full, stored less than 90 days
<input type="checkbox"/>	Contingency to prevent or contain hazardous materials or oil spills or discharges to drains, body of water, soil*	<input type="checkbox"/>	→ Risk of explosion or catastrophic release due to chemical storage or processing involving reactivity, flammables, solvents or explosives
<input type="checkbox"/>	Disturbing of Asbestos Containing Materials (ACM)*	<input type="checkbox"/>	→Training & Licensing for Asbestos Remediation Activities
<input type="checkbox"/>	Application of Pesticides or Herbicides*	<input type="checkbox"/>	
<input type="checkbox"/>	Work on Above or Under-ground Storage Tanks*	<input type="checkbox"/>	
<input type="checkbox"/>	Transportation, Storage or Disposal of Radioactive Material*	<input type="checkbox"/>	
<input type="checkbox"/>	Activities producing or generating Air Emissions (or fugitive "fence-line" emissions) requiring either monitoring and/or permit*	<input type="checkbox"/>	
<input type="checkbox"/>	Excavations, Drilling, Probing or other activities that could impact underground utilities, pipelines, sewer or treatment systems.	<input type="checkbox"/>	
<input type="checkbox"/>	Shipment of Hazardous Waste off-site*	<input type="checkbox"/>	
<input type="checkbox"/>	Shipment of Samples in accordance with DOT/IATA	<input type="checkbox"/>	

* Indicates need for an environmental compliance plan.

ATTACHMENT H

TRAFFIC CONTROL PLAN

Insert documents on following page.

ATTACHMENT I AUDIT FORMS

Insert documents on following page.

ATTACHMENT J
ENVIRONMENTAL HEALTH & SAFETY INSPECTION CHECKLIST

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

ATTACHMENT K
ENVIRONMENTAL PROTECTION AND SUSTAINABILITY PROGRAM
IMPACT CHECKLIST

ENVIRONMENTAL PROTECTION AND SUSTAINABILITY PROGRAM IMPACT CHECKLIST

PRE-PROPOSAL and EHS COMPLIANCE PLANNING

1. BACKGROUND

- a. Client name, address, phone number, and Point of Contact:
USEPA, OSC Steven Renninger, 513-260-7849
- b. Name/Identifier of proposal, if applicable:
Multi-Service SA
- c. Prepared by:
Randy Kirkland

2. DESCRIPTION

- a. Description, justification for, and location of Scope of Work in the proposal (i.e. training, activity, construction, regulation, license; include site location map):
START / Site Assessment
- b. Environmental setting and present land use of the proposed site: Former commercial laundry facility.

3. KNOWN OR POTENTIAL EHS IMPACTS:

Note that this checklist cannot completely anticipate all regulatory requirements, and that use of this checklist outlines only certain Federal criteria of specific interest (it is by no means a complete listing). State and local requirements must be evaluated also.

- The **Project Manager and Project Team** are responsible for evaluating project-specific environmental, health and safety needs that may be beyond those outlined in this checklist.
- Assistance is available through the Division Environmental, Health, and Safety (EHS) Managers and Corporate EHS Department. Early engagement of EHS support is a key to success.
- “Yes” responses will require a plan to address a specific issue. “No” responses must be based upon specific knowledge. “Unknown” responses require appropriate follow-up for confirmation.

3.1 Clean Air Act (CAA)

The basic purpose of the CAA is to control air pollution by instituting point source controls (fixed and/or mobile) and establishing maximum pollutant levels for the ambient air. Permits to construct and/or operate are required for sources that meet regulatory requirements. These sources include, but may not be limited to: major stationary sources, hazardous air pollution sources, and sources subject to new source performance standards.

Yes	No	Unknown	Criteria for Evaluation
General and Miscellaneous			

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project release contaminants to the air from a new or existing source of air contaminants?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the project have the potential for deterioration of air quality?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be the introduction of smoke, suspended particles, or noxious gases/vapors (e.g., open burning, open detonation, etc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be real or potential for particulate/dust migration beyond facility/site boundaries?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON own or operate a source of air emissions (e.g., air stripper, incinerator, thermal desorption system, soil vapor extraction system, fuel tanks or dispensers, electric generators, turbines) or disturb land?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON own or operate an air pollution control device (e.g., scrubber, vapor-phase activated carbon system)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is fugitive emissions and/or perimeter air monitoring specified in the scope of work?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has client specified air monitoring methods or real-time monitoring?
Prevention of Significant Deterioration (PSD) Permits (40 CFR 52)			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is site within an attainment area? (See 40 CFR 81.301-356).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve construction or operation of a new major source with the potential to emit more than 100 tons/year for those specific listed emissions sources or 250 tons/year for all other emission sources types or a major modification of an existing major source with pollutant emission increases exceeding Prevention of Significant Deterioration (PSD) rates? (see 40 CFR 52.21(b) and/or CAA Section 169).
Non-Attainment Permits (40 CFR 52)			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is site within a non-attainment area? (See 40 CFR 81.301-356). If known, indicate which criteria pollutant(s) are not met.
New Source Performance Standards (40 CFR 60)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the release of contaminants to the air from a new or modified non-exempt source?
NESHAPS Standards for Air Toxics (40 CFR 61, 63) See also TSCA and OSHA			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the demolition or renovation of any structure containing asbestos?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve a stationary source or group of stationary sources with the potential to emit 10 or more tons/year of a single HAP, or 25 tpy or more of multiple HAPs?
Accidental Release and Risk Management Planning (40 CFR 68)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve storage and/or use of any chemical listed under 40 CFR 68.115 at or greater than its Threshold Planning Quantity (TPQ)?
Operating Permits (40 CFR 70, 71)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve obtaining any permit as required under the CAA?
Reduction in Use of Ozone Depleting Substances (40 CFR 82)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will site tasks involve repair, maintenance or decommissioning of objects containing ozone depleting substances (e.g., air conditioning/heat pump/refrigeration systems)?

State-Specific Requirements

As with many environmental regulations, States may have specific and/or additional regulations and laws associated with air and air quality. Remember to evaluate State and/or Local requirements.

3.2 Clean Water Act

The stated objective of the Act is to restore and maintain the chemical, physical, and biological integrity of the Nation's water by regulating discharges of pollutants into water bodies. Major requirements to plan for include; point source discharges, stormwater discharges, pretreatment prior to sewer system discharge, spill prevention and response, and wetland modification and/or dredge and fill activities.

Yes	No	Unknown	Criteria for Evaluation
General and Miscellaneous			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project location involve fresh water, marine environment, ground water impact or other?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve impact to water movement (e.g., construction of dam)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve any change in the quantity and/or quality of ground water?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there any potential for spills of hazardous materials/substances/wastes that could subsequently impact water quality (surface or ground)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve any impact to wetlands or floodplains?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the project in a well head protection area?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be any injection of waste materials into the ground?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will unimproved roads or new haul roads be required?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disruption, displacement or compaction of soil?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve a change in topography at the site?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project create an increase in wind or water erosion of soils (either on or off-site)?
NPDES Point Source Discharge Permit (40 CFR 122)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve a point source discharge into surface water?
Stormwater Discharge Permit (40 CFR 122.26)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve an industrial facility with potential for stormwater discharges to surface water or to a storm sewer system?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disturbance of one or more acres of land?
Pretreatment Requirements (40 CFR 403)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be a discharge (e.g., process water, groundwater, cooling water) to a sewer authority or public sewer system? (Do not include proper connections from domestic-type sources such as toilets or kitchens).
Discharge of Oil and SPCC Plans (40 CFR 110, 112)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will oil or petroleum products be stored at the site/operation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the storage capacity of oil or petroleum products exceed 1320 gallons in above ground storage (include only containers equal to or larger than 55 gallons), or 42000 gallons underground?
Wetlands Modification and/or Dredge and Fill Requirements (40 CFR 230-233)			

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve excavation in or the discharge or dredge or fill material into water or wetlands?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve site clearing, or dredging or filling on/near water or wetlands?

State Requirements

As with many environmental regulations, States have specific regulations and laws associated with water protection and quality. Remember to evaluate State and/or Local requirements.

3.3 Safe Drinking Water Act (SDWA)

The SDWA regulates the quality of drinking water. Requirements typically relate to providing public drinking water, waste disposal in underground injection wells and establishing criteria for CERCLA remediation.

Yes	No	Unknown	Criteria for Evaluation
Public Water Supplies and Drinking Water Standards (40 CFR 141-143)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON be providing a drinking water supply to the public?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve operating a public water supply system that has 15 or more services or serves more than 25 people per day for more than 60 days per year?
Sole-Source Aquifer Protection (40 CFR 149)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the discharge of contaminants onto or into areas classified as a sole-source aquifer?
Underground Well Injection (40 CFR 144-148)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the placing of fluids into a bored, drilled, driven or dug well?

State Requirements

In addition to compliance (and/or more restrictive) with above Federal criteria, States are responsible for implementing and enforcing well-head protection standards.

3.4 Resource Conservation and Recovery Act (RCRA)

RCRA provides the classic "cradle-to-grave" concept for waste materials, i.e., management of the waste material from generation to final disposal. RCRA requirements apply to those who generate, transport, store and dispose of wastes. Permits and identification numbers may be required for all categories with limited exceptions.

Yes	No	Unknown	Criteria for Evaluation
Non-Hazardous Solid Wastes (40 CFR 257, 258)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON or the site generate any non-hazardous solid wastes?
Universal Wastes (40 CFR 273)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON, or the site generate any universal wastes?
Hazardous Wastes Generation and Management (40 CFR 260-262)			

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will WESTON generate any hazardous wastes?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON be responsible for managing hazardous wastes generated by the client?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will site activities result in quantities that result in Conditionally Exempt Small Quantity Generator (CESQG), Small Quantity Generator (SQG), or Large Quantity Generator (LQG).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has on-site accumulation of waste stream (areas, containers or other device) been evaluated?
Hazardous Waste Treatment and Disposal Permit (40 CFR 264-270)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will on-site treatment of waste(s) be conducted?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If off-site disposal has TSDF been evaluated and accepted?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve clean-up of hazardous waste or hazardous waste constituents from a RCRA-regulated facility?
Hazardous Waste Transportation (40 CFR 263)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON be responsible for preparing hazardous wastes for transportation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If transporting wastes, has transporter been evaluated and accepted?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON sign manifest? If yes, as Generator or as "Agent" for client?
Underground Storage Tanks (USTs) (40 CFR 280)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON activities involve the installation, use, maintenance, spill or release clean-up, or decommissioning of a UST storing petroleum or CERCLA-listed hazardous substance?
Used Oil (40 CFR 279)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will site activities involve the generation, storage or transportation of used/waste oil?
Land Disposal Restrictions (40 CFR 268)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the generation of wastes meeting Land Disposal Restriction (LDR) criteria?

Notes:

Weston / START will generate one or more trash bags of PPE waste (solid waste).

State Requirements

Most States have primacy for both hazardous and non-hazardous solid waste; ensure knowledge of specific state requirements for such waste streams.

3.5 Comprehensive Environmental Response Compensation and Liability Act (CERCLA)

CERCLA provides a mechanism to clean up uncontrolled or abandoned contaminated sites and hold potentially responsible parties accountable for clean-up costs.

Yes	No	Unknown	Criteria for Evaluation
Release Reporting (40 CFR 300, 302)			

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are any of the chemicals stored or used on site listed as a hazardous substance (40 CFR 302.4)?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there a potential for an unpermitted release of a hazardous substance to the environment in excess of its 24-hour Reportable Quantity (RQ)?
Remediation Efforts (40 CFR 300)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are site remediation efforts under control of Federal Government?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are site remediation efforts under control of a State or Local Government?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are site remediation efforts under Private control?

State Requirements

Many states have enacted Superfund-type programs. Although many are similar to the Federal program, others may have significant differences to include broader ranges of hazardous substances.

3.6 Emergency Planning and Community Right to Know (EPCRA)

EPCRA established a process for developing state and local emergency planning and information programs on hazardous chemicals located at and/or emitted from facilities. Planning requirements apply to any facility that produces, uses or stores threshold quantities or more of any substance on the EPA list of extremely hazardous substances. There are also requirements for facilities that are required to maintain Material Safety Data Sheets (MSDSs) to notify the local fire department of those materials.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON or WESTON subcontractor have chemicals on site?
Emergency Planning Notifications (40 CFR 355)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do any of the chemicals used or stored on site meet the definition of a hazardous substance and meet or exceed the threshold planning quantity (TPQ) for that chemical or 500 pounds, whichever is lower? (See 40 CFR Part 355 Appendix A and B). <i>If inventory meets criteria (material and quantity) then reports to LEPC, local Fire Department, and SERC are required. (See 40 CFR 370.21).</i>
Emergency Release Notifications (40 CFR 370)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there the potential for a release of listed substances (see 40 CFR 355, Appendices A and B and 40 CFR 302) that could result in exposure to persons off-site?
Community Right to Know/Hazardous Chemical Inventory Reporting (40 CFR 370)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At any point in time is any chemical in a quantity at or more than 10,000 pounds that requires an MSDS?

State Requirements

There are specific reporting and documentation requirements under EPCRA for state and local entities.

3.7 Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)

The purpose of FIFRA is to protect public health and the environment from the misuse of pesticides by regulating the labeling and registration of pesticides. In addition to data necessary for the registration of

pesticides sold there are requirements for the certification of applicators of those pesticides listed as restricted use.

Yes	No	Unknown	Criteria for Evaluation
Labeling and Packaging Requirements (40 CFR 156, 157)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the project involve the use or application of pesticides?
Certification of Applicators (40 CFR 171)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the use of a licensed pesticide applicator required (use of restricted use pesticides)?

3.8 Toxic Substances Control Act (TSCA) see also OSHA requirements

Much of TSCA deals with the manufacture, use and distribution of chemicals in commerce with limited impact to WESTON. There are, however, management requirements (to include remediation and disposal efforts) for specific chemicals (most importantly lead-based paint, PCBs, and asbestos).

Note: A "Yes" will require an appropriate technical approach to address the toxic material and must be included within the project-specific HASP. A "No" will require appropriate documentation from the Client or their designee describing how this determination was reached. An "Unknown" will require follow-up and receipt of documentation prior to proceeding.

WESTON may conduct its own survey and analysis to resolve "No" and "Unknown" responses if necessary.

Yes	No	Unknown	Criteria for Evaluation
Lead-Based Paint (40 CFR 745)			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the site been evaluated for the presence of lead or lead-containing materials?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the removal of lead-contaminated materials?
Polychlorinated Biphenyls (PCBs) (40 CFR 761)			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the site been evaluated for the presence of PCBs or PCB-contamination?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the removal or handling of PCBs?
Asbestos (40 CFR 762)			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does the site or structures contain asbestos containing material (ACM)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disruption or removal of ACM?

3.9 Natural Resources and the Endangered Species Act

The Endangered Species Act (ESA) was passed to designate and protect fish, wildlife and plant species that are endangered or threatened as well as designate critical habitat for those species. Compliance with the ESA is required within the context of this checklist for not only necessary permits (e.g., Stormwater), but, as a means of understanding the potential environmental impact of our work efforts.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the project site in an area identified as habitat for endangered, threatened or special interest species?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in a change in the diversity or numbers of any species of plants or animals?

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in the reduction of numbers or habitat damage to any unique, rare, threatened or endangered species of plants or animals?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in the introduction of new species of plant or animal (including microbes, etc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in any barrier(s) to the migration or movement of animals?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in any significant alteration, deterioration, or destruction of habitat?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in the alteration, destruction, or significant impact to any environmentally sensitive areas (e.g., wetlands, floodplains, critical habitat, prime farm land, coastal zones, etc.)?

Note that a location-specific understanding of the ESA is necessary for completion of applications relating to air quality permitting, stormwater permitting and potentially others.

3.10 National Environmental Policy Act

The purpose of the National Environmental Policy Act (NEPA) is to encourage harmony between man and the environment, promote efforts to prevent or eliminate damage and stimulate the health and welfare of man, and to enrich the understanding of the ecological systems and natural resources that are important to the Nation. In context, NEPA requires federal agencies to prepare an environmental impact statement covering proposed actions that could significantly affect the quality of the human environment.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the project a major Federal action, or project, or a project requiring a federal permit, receiving federal funds, or located on federal land? (NEPA)

3.11 Noise (see also OSHA requirements)

The Noise Control Act promotes the policy that the environment is to be free of noise that jeopardizes health or welfare. While there are limited Federal/EPA regulations, there are State and Local regulations/ordinances that are applicable to work tasks.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project cause an increase in noise levels?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the project site near sensitive receptor populations (e.g., residences, hospitals, schools, etc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will site activities extend beyond typical daylight hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there local noise ordinances in effect?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the contract (or specifications) identify noise monitoring or other criteria?

3.12 Occupational Safety and Health (specifically 29 CFR 1910 and 1926)

The overall goal of the Occupational Safety and Health Act (OSH Act) is to assure that employees are not adversely affected to hazards that they may be exposed to in the course of employment. All work activities conducted by WESTON must comply with applicable components of the General Industry Standards, the Construction Standards, or the applicable requirements of Client-specific criteria (e.g., the Corps of Engineers).

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under OSHA Construction Standards?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under OSHA General Industry Standards?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under the requirements of EM 385-1-1 (USACE)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the client have any specific occupational/safety requirements for the site work?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under other standards?

Based upon site activities, location and tasks follow all applicable criteria outline in WESTON's Safety and Health requirements guidelines.

3.13 Transportation (specifically 49 CFR Parts 171-179, 383, 390-399)

Transportation in the context of this checklist typically relates to the transportation of hazardous chemicals. The Department of Transportation (DOT) has specific regulatory requirements that must be met if WESTON either conducts or oversees the preparation for transport or actual transportation of hazardous chemicals/materials designated by DOT.

Note: *Security Plans are required for transporting hazardous materials in an amount that must be placarded, hazardous materials in a bulk packaging having a capacity equal to or greater than 3,500 gallons for liquids or gases or more than 468 cubic feet for solids, or a select agent or toxin regulated by the Centers for Disease Control and Prevention under 42 CFR Part 73. Contact your local Dangerous Goods Advisor for assistance.*

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will site activities involve the transportation (or storage incidental to transportation) of hazardous materials?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will WESTON personnel be transporting hazardous materials (in any amount)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON personnel be operating vehicles meeting the definition of a commercial vehicle?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON personnel be operating vehicles transporting a hazardous material in a placarded amount?

3.14 Radiation

Various regulations under the auspices of the Nuclear Regulatory Agency (10 CFR) require specific procedures for the handling, training, storage and maintenance of nuclear materials.

Yes	No	Unknown	Criteria for Evaluation
General			
<i>(For the following questions indicate whether these tasks are by WESTON, Subcontractor, Client or Vendor.)</i>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will Radiation sources be used or present?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the transportation of radioactive material?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the storage of radioactive material?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disposal of radioactive material?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the use or storage of a radioactive source (e.g., troxler gauge, XRF)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have users been properly trained and certified?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are users operating under a radiation monitoring program? (TLD Badges)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have rad licenses been transferred and/or the client notified of the presence of rad sources?

Based upon site activities, location and tasks follow all applicable criteria outlined in WESTON's EHS Program.

3.15 Historic/Archaeological

There are numerous Federal, State, Local and Tribal requirements outlining procedures to protect historic and cultural properties. These include those that exist as well as those that are discovered during work activities.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the site or project in an area that is of historic or archeological interest?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in alteration or destruction of an archeological or historical site, structure, object or building that is on or eligible for inclusion in the National Register of Historic Places?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the excavation, altering, defacing, or removal of archaeological objects or resources or Native Indian graves, cairns, or glyptic records?

Note that a location-specific understanding of historic and archaeological issues is necessary for completion of applications relating to air quality permitting, stormwater permitting and potentially others.

3.16 Miscellaneous

The following items are included based upon information that must be evaluated for certain WESTON work criteria, for certain sites e.g., real-estate transactions, military locations and for specific hazards.

Yes	No	Unknown	Criteria for Evaluation
General			

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have subcontractors been screened by Procurement and an EHS Manager or Safety Officer?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has a Client Services Manager (CSM), Project Manager (PM), or WESTON Officer engaged WESTON's Subcontractors using the Subcontractor Talking points?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a project Kick-off meeting been planned?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will a Safety Officer or an EHS Manager be involved in the kick-off meeting?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the average work day including driving to and from the site exceed 12 hours? If yes, there must be a plan for addressing driving safety and fatigue.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will project personnel be driving vehicles they are not familiar with? If yes, there must be a plan for addressing driving safety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be work at elevation (greater than 4 foot difference in elevations between working levels, work from ladders, work from scaffolding, use of aerial lifts, floor openings, wall openings)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be potential for struck by hazards (moving equipment, thrown or falling objects or material)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be potential for being caught in (conveyors, power-take-off, screens, etc.) or between moving machinery?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be work with or within 10 feet of exposed electrical conductors?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there overhead utilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there underground utilities?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project add additional traffic volume or types (material or equipment haul trucks) that may require community approval or plans?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be a traffic control plan for off-site and on-site vehicles?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the facility a military facility?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the potential for UXO/MEC encounter been objectively evaluated?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be slip, trip and fall hazards
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be repetitive and or heavy lifting?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If demolition work has the demolition plan, engineering survey and required components been addressed?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there OSHA Specific Standards applicable (asbestos, lead, cadmium, arsenic, hexavalent chromium, benzene, vinyl chloride, methylene chloride, butadiene, formaldehyde, dibromochloropropane)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will work be performed over or near water or boats?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will boats be used?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will Lifting Equipment and rigging be used?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there a communication Plan for letting neighbors know of WESTON activities that may impact them?

3.17 Real Estate and Tenant Issues

WESTON as an owner or operator assumes liability for actions or activities conducted by ourselves or by others (tenants). We must ensure compliance with Federal, State and Local requirements. The following outline major issues, however, as indicated previously for the EHS Checklist, it is not meant to be

comprehensive. Remember, if we have tenants occupying portions of facilities that are under our control, we have an obligation to understand and assure compliance. For the following issues compliance may be by WESTON, by various tenants or a combination, ensure that each tenant is evaluated. Note that various components of the previous EHS Checklist sections may be appropriate.

Yes	No	Unknown	Criteria for Evaluation
Air			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are boilers or other pressure vessels (e.g., chillers, air receivers) located within our work space or at tenant locations?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have they been certified and inspected?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do emission sources (e.g., boilers, chillers, bulk oil storage, etc.) have proper registration (federal, state or local)?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are tenants responsible for compliance with inspections and permits?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is WESTON responsible for inspections and permits?
Occupancy and Other Permits			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do Business Permits/Certificate of Occupancy Requirements: State, County, City/Municipality need to be addressed? If yes, is WESTON responsible? ____ and/or are tenants responsible? ____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are Fire Code Inspections (e.g., materials storage, electrical, suppression systems) due? Are Corrective Actions due from past inspections? ____ If yes, is WESTON responsible? ____ and/or are tenants responsible? ____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are local permits and/or registrations for USTs or ASTs available or needed?
RCRA			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the facility a Hazardous Waste Generator? If yes, what size? ____ Is WESTON responsible? ____ What is the waste stream? ____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do tenants generate Hazardous Wastes? If yes, what quantity? ____ What is the waste stream? ____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are appropriate permits available for waste generation?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is facility and/or are tenants under litigation or regulatory action for non-compliance with RCRA?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are USTs or ASTs on site? If yes, what are type, size, contents ____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have USTs been upgraded for overflow and spill control protection?
Water and Stormwater			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is a stormwater permit and plan necessary for the site?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is a NPDES and/or local discharge permit necessary for the site?

Yes	No	Unknown	Criteria for Evaluation
EPCRA			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do any of the chemicals used or stored on site meet the definition of a hazardous substance and meet or exceed the threshold planning quantity (TPQ) for that chemical or 500 pounds, whichever is lower? (See 40 CFR Part 355 Appendix A and B). <i>If inventory meets criteria (material and quantity) then reports to LEPC, local Fire Department and SERC required. (See 40 CFR 370.21).</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is WESTON responsible for compliance?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are Tenants responsible for compliance?
SPCC and Oil			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will oil or petroleum products be stored at the site/operation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the storage capacity of oil or petroleum products exceed 1320 gallons in above ground storage (include only containers equal to or larger than 55 gallons), or 42000 gallons underground?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is WESTON responsible for compliance?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are Tenants responsible for compliance?
Compliance			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the site under enforcement action for regulatory non-compliance?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is any Tenant under enforcement action for regulatory non-compliance?

3.18 Explosives

Various regulations under the auspices of the Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE), 27 CFR Part 55 – Commerce in Explosives and 27 CFR Part 55 the Safe Explosives Act, require specific procedures for the purchase, use, storage, handling and sale of explosives or explosive containing items. Attention to these questions will help to manage our risk when developing projects that may involve explosives or munitions.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the handling or use of explosives or munitions that are either new or recovered (e.g. dynamite, military munitions, UXO, detonating cord, TNT, etc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the storage of explosives?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the transportation of explosives?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have project personnel been cleared by BATFE as either a Possessor or Responsible Party to handle explosives?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project require a State Licensed Blaster?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON's Explosives Users Permit be required to execute the project? If yes, has the UXO Service Line Manager been notified?

3.19 Sustainability

There are a wide range of options for integrating sustainability into the execution of projects, far beyond what can be incorporated into this checklist. The following are a few broad questions which are designed to stimulate thinking about how sustainable approaches could be utilized throughout project execution. A

checklist of credits used in evaluating projects for LEED (Leadership in Energy and Environmental Design) could be used here in addition to the checklist below. Inclusion of an employee who is LEED AP Certified in the development of the work plan could help add other considerations, such as sustainable sites and efficient materials and resources. See the WESTON Sustainability Portal <http://westonportal/sites/sustainability/default.aspx> for further details.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to reduce travel-related energy and environmental impacts associated with the project through such techniques as carpooling, use of videoconferencing, telecommuting or utilization of local personnel?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has consideration been given to the potential for beneficial reuse or recycling of materials that will be excavated, removed or discarded during project execution?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to utilize alternative or renewable energy on the project, through applications such as photovoltaics (solar) or wind power for remote sensing and/or trailer power, or alternative fuel (e.g. biodiesel) for fleet vehicles or equipment?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have "green" considerations been integrated into the procurement process for materials and or equipment (e.g. recycled content, energy efficiency, recyclability, minimal packaging)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to increase energy or water efficiency in the execution of the project through selection of appropriate equipment or technical approaches?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to offset some of the environmental impacts of the project through purchase of carbon credits, renewable energy credits or wetlands banking?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Could a Community Partnering/Make-a-Difference event be coordinated or integrated with this project?

SITE VISIT HEALTH AND SAFETY PLAN (HASP)

(Needs to be completed 24 hours prior to site visit)

Prepared by:	W.O. Number: 20405.012.001.1344.00	Date: 24-Jan-11
Project Identification Office: DOH Site Name: Multi-Service Site Client: USEPA Region V START Work Location Address: Radio Road Dayton, OH	Site History: Multi-Service operated an industrial laundry operation at 1962 Radio Road since the mid 1990s until March 2010. Multi-Service laundered industrial work gloves, rags, ink towels and shop towels. The dry cleaning process used a solvent with a flash of 105 degrees F. The facility used Hoyt Petromizer solvent recovery machines and a carbon absorption unit on the solvent tank ventilation stacks to reduce air emissions of solvent vapors. The facility was inspected in December 2010 by the Dayton Fire Department (DFD). DFD requested assistance from USEPA in January 2011. <input checked="" type="checkbox"/> Briefed by Client or Site Owner – Circle one: phone <u>on-site</u>	

Scope of Work:

Two STARTs will visit the site to recon for planning the Site Assessment. No intrusive activity will be conducted.

☒ site visit only. List personnel here, and have personnel sign off:

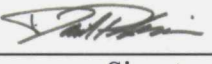
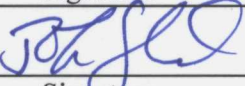
I understand, agree to, and will conform with the requirements set forth in this Health and Safety Plan, and acknowledge the possibility and the risks inherent because all hazards may not be known at this time:

Name	Signature	Date
John Sherrard		1/25/11
Randy Kirkland		

Regulatory Status:

Site regulatory status: CERCLA/SARA <input checked="" type="checkbox"/> U.S. EPA <input checked="" type="checkbox"/> State <input type="checkbox"/> NPL Site <input checked="" type="checkbox"/> OSHA <input checked="" type="checkbox"/> 1910 <input type="checkbox"/> 1926 <input type="checkbox"/> State	RCRA <input type="checkbox"/> U.S. EPA <input type="checkbox"/> State NRC <input type="checkbox"/> 10 CFR 20 <input type="checkbox"/> State	Other Federal Agency <input type="checkbox"/> DOE <input type="checkbox"/> USACE <input type="checkbox"/> Air Force <input type="checkbox"/>	HAZARD ASSESSMENT <input checked="" type="checkbox"/> Chemical Hazards <input type="checkbox"/> Biological Hazards <input type="checkbox"/> Radiological Hazards <input checked="" type="checkbox"/> Physical Hazards <input type="checkbox"/> Fire Danger <input type="checkbox"/> Explosive Hazards	List known on-site chemicals, biological, radiological, or physical hazards: (If any of these hazards are uncontrolled, or we are not provided with a knowledgeable, safety-conscious escort familiar with the site conditions, discuss with the Division EHS Manager prior to the visit.)
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Review and Approval Documentation:

Reviewed by: SO/DSM/CHS	Dave Robinson Name (Print)	 Signature	Date: 24-Jan-11
Approved by: Project Manager	JOHN SHERRARD Name (Print)	 Signature	Date: 1/25/11

Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, the Project Manager has evaluated conditions and verified that Level D personal protective equipment is adequate and appropriate for this site visit. (Level D personal protection consists of hard hat, safety glasses and safety shoes or boots, long pants and sleeved shirt. See Attachments for any additional PPE recommended/required.

Site visit date: 25-Dec-11

Vehicle Use Assessment and Selection

Driving is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type vehicle(s) authorized for use on this project is/are:

1. POV or rental SUV
- 2.
- 3.
- 4.

The following Project Team Member's qualifications and experience in driving these types of vehicles was evaluated and found to be acceptable (indicate vehicle type(s) number next to employee name).

1. Randy Kirkland - 1
2. John Sherrard - 1
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

The project site was evaluated and a **Traffic Control Plan** ☐ is required ☒ is not required.

If required, the **Traffic Control Plan** can be found in Attachment H.

BASIC SAFETY FOR SITE WALKS AND VISITS – Hazard Assessment

Hazard	Present Yes; No	Protection/Risk Mitigation	Applicable Protection
Basic Industrial Plant		Level D PPE (See page 1)	
Chemical Hazards – Controlled (in tanks, piping, drums, containers with persons working around in Level D Protection or less.	Yes	Safety-Conscious Escort (familiar with the facility).	Chemical hazard limited to low-level PCE contamination in drinking water wells.
Chemical Hazards – Uncontrolled, known spills or releases, personnel wearing respirators or other chemical protective PPE, tanks, piping, containers have not been maintained or secure. No safety-conscious escort available.	No	DEHSM review and approval or Full Safety Plan. Consider involving Field Safety Officer (FSO) or DEHSM in site visit.	
Chemical Hazards – Building Materials Older Buildings. Old buildings may have chemical hazards such as asbestos, lead based paint. Mercury (in switches) PCB's	No	Was building constructed after 1990. Can depend on Safety Conscious escort as protective measure	
Chemical Hazards – Older Buildings.	No	Pre 1990 - DEHSM review and approval or Full Safety Plan.	
Biological Hazards (Controlled medical waste, sewage, animals or animal droppings, poisonous plants, insects).	No	Safety Conscious Escort	
Biological Hazards (Uncontrolled medical waste, sewage, animals or animal droppings, poisonous plants, insects (ticks, mosquitoes, stinging insects, fleas). No safety conscious escort available.	No	DEHSM review, medical waste, sewage, animals; animal droppings, plants insects -avoidance zones, Animals - mace or pepper spray; poison plants or insects - Ivy block and repellants.	
Radiological Hazards (Non-ionizing (microwave, infrared, radio-frequency, radar) and Ionizing.	No	Safety Conscious Escort. If unavailable Consider involving Safety Officer of DSM in site visit.	
Physical Hazards	No	Safety Conscious Escort. If unavailable, review the check list below with the DEHSM and develop a plan or consider involving FSO or DEHSM in site visit.	
Will we have to access elevated unprotected walkways, platform, roofs?	No	Protective measures:	
Will there be moving equipment?	No	Protective measures:	
Will there be pinch points?	No	Protective measures:	
Will there be accessible exposed electric conductors?	No	Protective measures:	
Will the ambient temperatures exceed 70 degrees F?	No	Drink at least 8 ounces of water before visit. Avoid caffeine	Stay hydrated
Will the ambient temperature exceed 80 degrees F?	No	Drink at least 8 ounces of water before visit and avoid caffeine. Carry water with you.	Stay hydrated
Will the temperature be below 50 degrees F?	Yes	Jacket or windbreaker	
Will the temperature be below 32 degrees F?	Yes	Cold weather clothing. Drink at least 8 ounces of water before visit and avoid caffeine. Carry water with you. Watch for ice on driveways and walkways.	Dress appropriately for the weather and duration of exposure. Take frequent warming breaks.
Is the elevation above a) 5000 ft; b: 7000 ft.?	No	If not acclimatized - pace yourself. If there are signs of elevation/altitude sickness (headache, lightheadedness, dry mouth) Drink water, have a snack ready and get top lower altitude as soon as possible.	
Is there a high probability of lightning?	No	Get indoors or under cover at first seeing lightning or sound of thunder. Wait for at least 30 minutes after last thunder before resuming outdoor activity.	
Are buildings or structures unstable (signs of cracking on walls, caved in roofs, buckling or depressed floors, wet spots on floors, sagging utilities, unprotected floor openings	No	Protective measures:	
Is there uneven terrain?	No	Protective measures:	
Are there security issues?	Yes	Protective measures:	Work in teams of 2, Check in upon arrival at site and when leaving

CONTINGENCIES

Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
Local Medical Emergency Facility (LMF)	Miami Valley Hospital	937-208-8000
WESTON Medical Emergency Contact	Dr. Peter Greaney is WESTON's Medical Director	<p>From 6 am to 4:30 pm Pacific Time call 800-455-6155 dial 0 or extension 175, Michelle Bui to request the on-call clinician.</p> <p>4:31 p.m. – 5:59 a.m. Pacific Time, all day Saturday, Sunday and Holidays call 800-455-6155 Dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician or the on-call clinician will return your call within 30 minutes</p>
WESTON Environmental Health and Safety	Owen Douglass, CEHS	(610) 701-3065
Local/Division WESTON Health and Safety	Division: Ted Deecke Local: Dave Robinson	847-337-4147 937-572-3630
Fire Department	Dayton FD	911 Non-emergency: 937-333-4501
Police Department	Dayton PD	911 Non-emergency: 937-333-2600
Client Site Contact	Steve Renninger	513-260-7849
Site Telephone or Nearest Telephone	R. Kirkland's mobile phone	937-602-3089

Local Medical Emergency Facility(s)

On-Site Medical Facility Available for Use: ☐ Yes – List below ☒ No – Use nearest medical facility – List below

Name of Hospital: Miami Valley Hospital

Address: 1 Wyoming Street, Dayton, OH

Phone No.: 937-208-8000

Name of Contact: Emergency Room

Phone No.:

Type of Service:

- ☐ Physical trauma only
☐ Chemical exposure only
☒ Physical trauma and chemical exposure
☒ Available 24 hours

Route to Hospital (written detail):

See attached map and directions

Travel time from site:

11 min.

Distance to hospital:

5.6 mi.

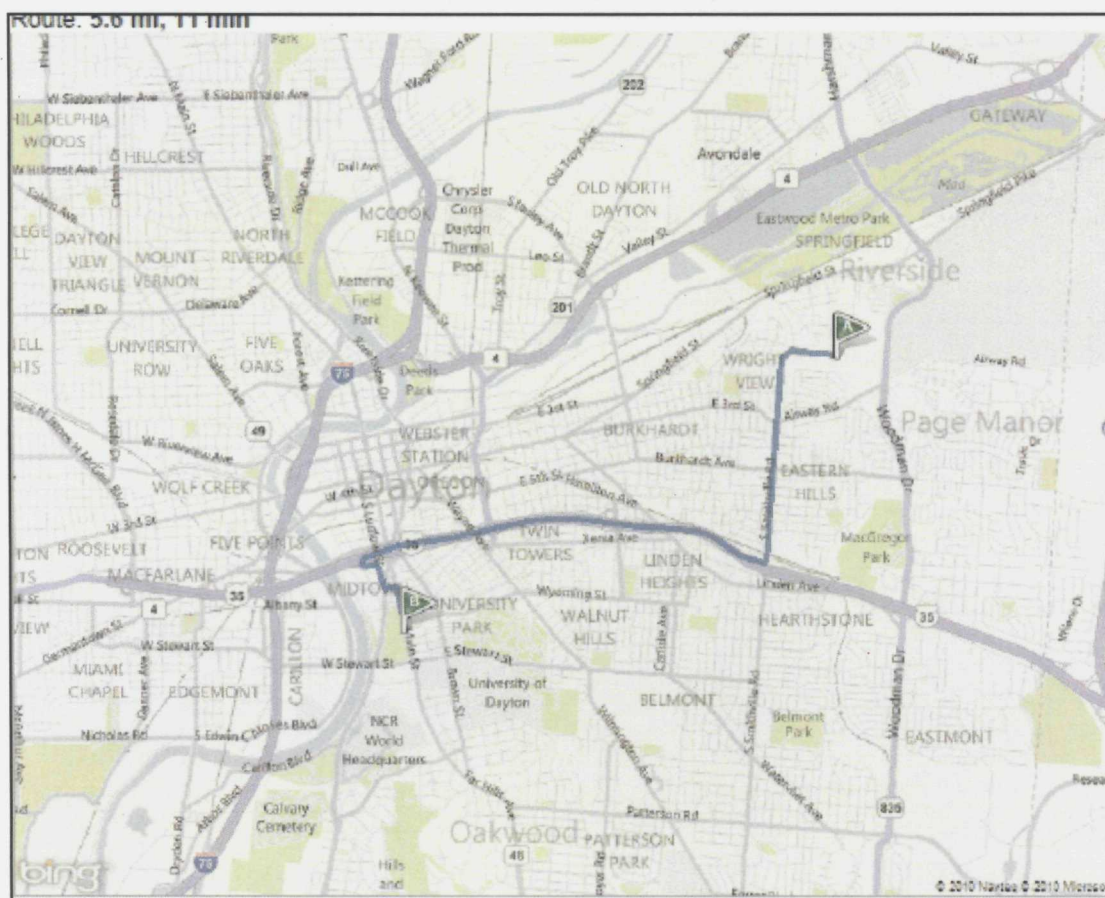
Name/no. of 24-hr ambulance service:

/

Personal Protective Equipment:

Required	Recommended
Hard hat, Safety Glasses, Safety Shoes, cell phone, high intensity flashlight, cold-weather gear.	Disposable boot covers, rain/snow gear, gloves -nitrile, gloves – leather, animal spray repellent, waterless hand wash.

Figure 1 - Hospital Map





1962 Radio Rd, Dayton, OH 45431-1097

A-B: 5.6 mi
11 min

1. Depart Radio Rd toward N Smithville Rd	0.3 mi
 2. Turn left onto N Smithville Rd	0.6 mi
 3. Keep straight onto S Smithville Rd	1.0 mi
 4. Take ramp right for US-35 West toward Dayton	2.8 mi
 5. Take ramp left for Zeigler St toward Ludlow St	0.4 mi
 6. Turn right onto SR-48 South / S Ludlow St	0.2 mi
 7. Turn left to stay on SR-48 South / Stout St	0.4 mi



8. Arrive at 1 Wyoming St, Dayton, OH
The last intersection is W Apple St

< 0.1 mi